



FIRST AID MADE EASY
BY DR HAFIZ ATIF LECTURES

NRE-1 June 2025 SOLVED Paper Key

FIRST AID MADE EASY
PUBLICATIONS (PVT.) LTD.

Volume 1

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By First Aid Made Easy

6th Edition - 2025

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MCQs given above are recreated from Recalls and solved by Team First Aid Made Easy. **Errors and Omissions Accepted.** If you found any Statement different/incorrect from the statement in exam.

Please inform at **03325972869**.

This is a tentative Key. Final Key will be shared in the given group later.

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Regards

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NRE_1 June MCQs

Q.1 What is the most common causative agent of urinary tract infection (UTI)?

- A. *Escherichia coli*
- B. *Klebsiella pneumoniae*
- C. *Staphylococcus saprophyticus*
- D. *Proteus mirabilis*

Correct Answer: A. E. coli

Why correct:

E. coli is the most common organism causing UTIs (up to 90% of community-acquired cases). Its fimbriae enhance adhesion to the uroepithelium.

Why others are incorrect:

B. Klebsiella – Less common; associated with nosocomial UTIs.

C. Proteus – Seen in complicated UTIs; associated with stone formation.

D. Staphylococcus saprophyticus – Seen in young, sexually active women, but less frequent than *E. coli*.

Q.2 A 25-year-old lady presents in emergency department with complaints of palpitations and dizziness. Her radial pulse is very fast and blood pressure is 110/70. Her ECG shows regular narrow complex tachycardia. Which of the following is the first line treatment for this condition?

- A. Defibrillation
- B. Diltiazem
- C. Metoprolol



D. Vagal maneuver

Correct Answer: D. Vagal maneuver

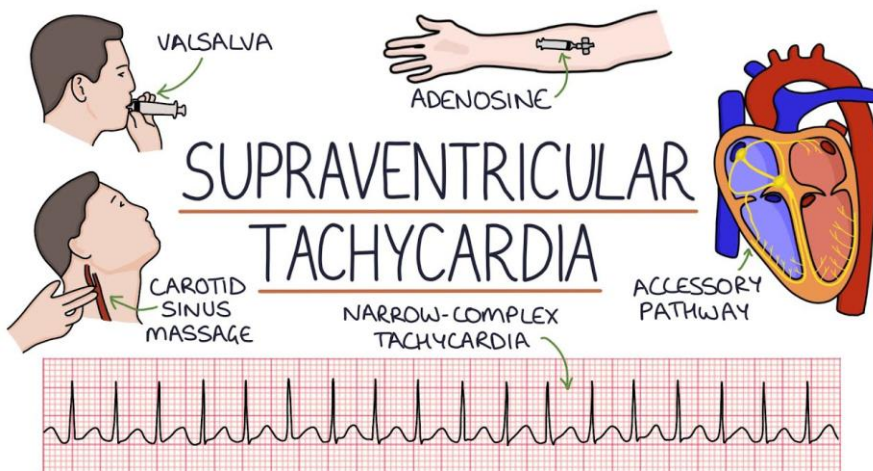
Why correct:

SVT – Key Diagnostic Approach (Short Table)

Step	Key Point
1. Clinical Clue	Sudden palpitations, regular rapid HR
2. Stability	Assess BP, mental status (unstable = cardiovert)
3. ECG	Regular narrow QRS, HR 150–250 bpm, no clear P waves
4. Response Test	Vagal maneuver or adenosine → diagnostic + therap

Hemodynamically stable	Hemodynamically unstable
1. Vagal maneuvers (Valsalva, carotid massage)	1. Synchronized cardioversion
2. Adenosine (if vagal fails)	
3. Alternatives: Beta-blocker or CCB	

Vagal maneuvers (e.g., Valsalva, carotid massage) are the first-line treatment for **stable supraventricular tachycardia (SVT)**. They increase vagal tone and slow AV node conduction.



Why others are incorrect:

A. Defibrillation – Used in **unstable** or pulseless patients.

B. Diltiazem, C. Metoprolol – Used **after vagal maneuvers fail**; second-line pharmacologic options.

Q.3 What is the most appropriate test to diagnose gestational diabetes?

- A. HbA1C
- B. Glucose tolerance test
- C. Fasting blood sugar
- D. Random blood sugar

Correct Answer: B. Glucose tolerance test

The **oral glucose tolerance test (OGTT)** is the gold standard for diagnosing **gestational diabetes**, performed at **24–28 weeks**.



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Test	Diabetes	Prediabetes	Normal
Fasting Plasma Glucose (FPG)	≥ 126 mg/dL	100–125 mg/dL	< 100 mg/dL
2-hour OGTT (75 g)	≥ 200 mg/dL	140–199 mg/dL	< 140 mg/dL
HbA1c	$\geq 6.5\%$	5.7–6.4%	$< 5.7\%$
Random Glucose + symptoms	≥ 200 mg/dL	—	—

Why others are incorrect:

- A. HbA1c – Not reliable in pregnancy due to altered RBC turnover.
- C. Fasting/Random glucose – Can be used for screening but not definitive.



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Q.4 Which of the following is most prevalent pattern of dyslipidemia in patient with type 2 DM?

- A. High LDL, Low TGs, Low HDL
- B. Low LDL, High TGs, Low HDL
- C. High LDL, High TGs, Low HDL
- D. High LDL, High TGs, High HDL

Correct Answer: C. High LDL, High TGs, Low HDL

Patients with **type 2 diabetes mellitus (T2DM)** often exhibit an **atherogenic lipid profile**, characterized by:

- ↑ **LDL** (often small, dense particles – more atherogenic)
- ↑ **Triglycerides** (due to insulin resistance)
- ↓ **HDL** (reduced reverse cholesterol transport)

This dyslipidemia increases the risk of **cardiovascular disease**, a major complication of T2DM.

Why others are incorrect:

Options A, B, D – Do not reflect the classic triad of diabetic dyslipidemia.

Q.5 A patient was diagnosed with acute inflammatory demyelinating neuropathy 1 week after he recovered from an acute gastroenteritis infection. He was admitted with mild sensory symptoms which were getting worse with progressive weakness that first began in his lower limbs. He was finding hard to breathe and move his upper limbs as well. Which of the following treatments would you recommend?

- A. IV methylprednisolone
- B. IV antibiotics
- C. IV immunoglobulin
- D. Oral prednisolone

Correct Answer: C. IV immunoglobulin

Why correct:

IVIG is first-line therapy for Guillain-Barré syndrome (GBS) along with plasmapheresis. Both reduce autoantibody-mediated nerve damage.

Key Diagnostic Markers

Topic	High-Yield Points
Cause	Autoimmune demyelination of peripheral nerves
Trigger	Post-infection (especially <i>Campylobacter jejuni</i>)
Symptoms	Ascending symmetric weakness, areflexia , paresthesias
Complications	Respiratory failure, autonomic instability
Diagnosis	Clinical + CSF (↑ protein, normal WBC) + NCS/EMG
CSF finding	Albuminocytologic dissociation
Treatment	IVIG or plasmapheresis (no steroids)
Monitoring	Vital capacity → <20 mL/kg = intubation

Test	Finding
CSF (LP)	↑ Protein, normal WBC
Nerve studies	Demyelination (slowed conduction)
Clinical exam	Ascending weakness + areflexia

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Why others are incorrect:

A & D. Steroids – Not effective in GBS.

B. Antibiotics – Unnecessary unless active infection is present.

Q.6 A 32-year-old woman complaining of 6 months history of dysphagia and nasal regurgitation, which is worse during evening. She also reports intermittent drooping of her left eyelid and diplopia when she gets tired. Neurological examination reveals partial left ptosis and diplopia but no ophthalmoplegia. She also has mild cough. What will be the most appropriate investigation in this case?

A. Acetylcholine receptor antibodies

B. Barium swallow

C. CT brain

D. Tumor markers

Correct Answer: A. Acetylcholine receptor antibodies

Why correct:

These antibodies are positive in ~85% of **generalized myasthenia gravis** and confirm the diagnosis.

Category

Key Points

Cause

Autoantibodies against acetylcholine receptors at the neuromuscular junction

Symptoms

Fluctuating weakness (worsens with use), ptosis, diplopia, dysphagia, dysarthria, normal reflexes and sensation

Diagnoses

AChR antibodies (most sensitive), edrophonium (Tensilon) test, CT chest to rule out thymoma

Treatment

Pyridostigmine (first-line), steroids, azathioprine, IVIG or , thymectomy if thymoma or generalized MG

Why others are incorrect:

B. Barium swallow – May assess dysphagia but doesn't confirm MG.

C. CT brain – Not helpful without CNS signs.

D. Tumor markers – Not relevant for diagnosis.

Q.7 A woman came with collapse and vomiting preceded by occipital headache of acute onset. After 8 hours she was conscious and alert with photophobia and mild neck stiffness. CT scan brain was carried out which came out to be normal. Which one of the following investigations would yield the diagnosis?

A. CT scan brain with contrast

B. MRI brain

C. CSF examination by LP after 12 hours

D. Cerebral angiography

Correct Answer: C. CSF examination by LP after 12 hours

Why correct:

If **non-contrast CT is negative** but suspicion of SAH remains, LP after 12 hours is done to detect **xanthochromia**, confirming SAH.



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Aspect

Details

Cause	Ruptured berry aneurysm (e.g., anterior communicating artery), trauma
Risk factors	Hypertension, smoking, polycystic kidney disease, Ehlers-Danlos syndrome
Classic symptom	Sudden, severe "thunderclap" headache ("worst headache of life")
Other signs	Nuchal rigidity, photophobia, vomiting, loss of consciousness

Diagnosis Approach

Step

Action

1st test	Non-contrast CT head – best initial test
If CT is negative	Do lumbar puncture (after 12 hrs) → look for xanthochromia
Confirm aneurysm	CT angiography or cerebral angiography

Treatment

Goal

Management

Prevent rebleed	Surgical clipping or endovascular coiling
Prevent vasospasm	Nimodipine (DHP calcium channel blocker)

Why others are incorrect:

- A. CT with contrast** – Not sensitive for early blood.
 - B. MRI** – May miss early SAH.
 - D. Angiography** – Identifies aneurysm but not diagnostic in acute setting
-

Q.8 Which one of the following is used in the emergency treatment of organophosphate poisoning?

- A. Atropine**
- B. Naloxone**
- C. Flumazenil**
- D. Pralidoxime**



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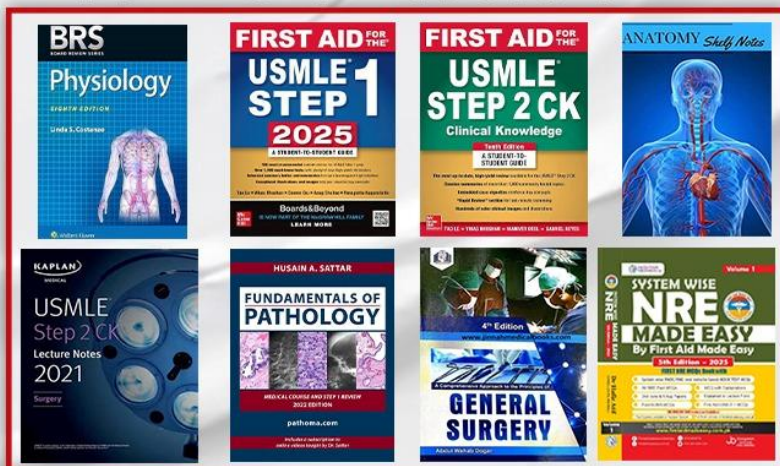
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Correct Answer: A. Atropine

Organophosphate Poisoning – USMLE High-Yield Table

Aspect	Key Points
Cause	Inhibits acetylcholinesterase → ↑ ACh
Source	Pesticides, insecticides
Symptoms	DUMBBELSS : Diarrhea, Urination, Miosis, Bradycardia, Bronchorrhea, Emesis, Lacrimation, Salivation, Sweating; + muscle weakness, seizures

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Aspect	Key Points
Diagnosis	Clinical; ↓ cholinesterase activity (if tested)
Treatment	Atropine (muscarinic), Pralidoxime (reactivates AChE), benzodiazepines (seizures), airway support

Pralidoxime (2-PAM) is also used but only after atropine, to regenerate acetylcholinesterase.

Tips

Atropine treats **muscarinic** symptoms (e.g., bronchorrhea, bradycardia)
Pralidoxime reverses both **muscarinic + nicotinic** effects (must be given early)
Miosis + bradycardia + diarrhea + muscle weakness = think **organophosphate**

Naloxone – opioid overdose.

Flumazenil – benzodiazepine reversal.

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Q.9 Which one of the following drugs is most appropriate to treat a patient with anaphylactic shock?

- A. Dobutamine
- B. Epinephrine
- C. Norepinephrine
- D. Phenylephrine

Correct Answer: B. Epinephrine

First-line treatment. Acts on α_1 (vasoconstriction) and β_2 (bronchodilation).

Norepinephrine – preferred in septic shock.

Dobutamine – used in cardiogenic shock.

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Phenylephrine – α -agonist; not adequate for anaphylaxis.

Q.10 Which one of the following **types of epinephrine receptors** is **responsible for bronchodilation** and is commonly targeted in the management of **asthma**?

- A. Alpha-1 receptor
- B. Alpha-2 receptor
- C. Beta-1 receptor
- D. Beta-2 receptor

Correct Answer: D. Beta-2 receptor

β_2 stimulation = bronchodilation, key for asthma/anaphylaxis.

Beta-1 – increases heart rate and contractility.

Alpha-1 – vasoconstriction.

Alpha-2 – feedback inhibition of norepinephrine release

Q.11 A known diabetic developed **dystonia and akathisia** after receiving an injectable antiemetic for gastritis. Which one of the following drugs is responsible for the reaction?

- A. Ondansetron
- B. Domperidone
- C. Metoclopramide
- D. Erythromycin

Correct Answer: C. Metoclopramide

Metoclopramide is a **dopamine antagonist**; can cause **extrapyramidal symptoms** like **akathisia** and **dystonia**.

Extrapyramidal symptoms are **drug-induced movement disorders** caused by **dopamine (D_2) blockade** in the **nigrostriatal pathway**, most commonly due to **antipsychotics** or **antiemetics** (e.g., metoclopramide).

Types of EPS (with timing)

EPS Type	Description	Onset
Acute dystonia	Sustained muscle spasms (e.g., torticollis, oculogyric crisis)	Hours to days
Akathisia	Restlessness, urge to move	Days to weeks
Parkinsonism	Tremor, rigidity, bradykinesia	Weeks to months
Tardive dyskinesia	Involuntary facial/tongue movements (chronic)	Months to years

Domperidone is less likely to cross the BBB.

Ondansetron – 5-HT₃ blocker, not linked to movement disorders.

Erythromycin – prokinetic via motilin receptor, not dopaminergic.



Q.12 Which one of the following diuretics is used as an emergency management in a patient of head injury with increased intracranial pressure?

- A. Acetazolamide
- B. Furosemide
- C. Mannitol
- D. Torsemide

Correct Answer: C. Mannitol

Mannitol is an osmotic diuretic used acutely to **reduce intracranial pressure**.

Acetazolamide – used for chronic ICP (e.g., pseudotumor cerebri).

Furosemide – adjunct, not first-line for ICP.

Torsemide – similar to furosemide.

Q.13 Which one of the following is the therapeutic indication of Dextromethorphan?

- A. Analgesic
- B. Antihistaminic
- C. Antitussive
- D. Expectorant

Correct Answer: C. Antitussive

Dextromethorphan Quick Facts

Aspect	Key Points
Use	Antitussive (cough suppressant) – NMDA receptor antagonist
Mechanism	Suppresses cough reflex in medulla; structurally related to opioids
Side effects	High doses → CNS effects : euphoria, hallucinations, dissociation ("robotripping")
Toxicity	Serotonin syndrome if combined with SSRIs
Abuse potential	Recreational use common in teens, abusive potential

Dextromethorphan = antitussive + NMDA blocker → **dissociation + serotonin risk** at high dos

Q.14 After committing suicide, the revolver remained firmly grasped in the hand of a person. What is the name of this phenomenon?

- A. Instantaneous rigor
- B. Rigor mortis
- C. Secondary relaxation
- D. Primary rigidity

Correct Answer: A. Instantaneous rigor

- **Instantaneous rigor** refers to **immediate stiffening of the body at the moment of death**, instead of the usual gradual onset of **rigor mortis**.

Also called cadaveric spasm ; seen in sudden death with intense emotion or activity(suicide with revolver in hand).

Instantaneous Rigor vs Rigor Mortis – Key Differences (USMLE Table)



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Feature	Instantaneous Rigor	Rigor Mortis
Onset	Immediately at the moment of death	Begins after 2–4 hours postmortem
Cause	Sudden, violent death → rapid ATP depletion	Natural ATP depletion post-death
Associated with	Lightning strike, seizures, electrocution	All deaths (normal postmortem process)
Progression	Generalized stiffness immediately	Head → toe over 12 hours
Duration	Transient	Lasts up to 24–36 hours
Forensic relevance	Suggests sudden/violent death	Helps estimate time since death

Rigor mortis – generalized, sets in after 1–2 hours.

Secondary relaxation – occurs after rigor ends.

Primary rigidity – not a standard forensic term.



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Q.15 A homeless alcoholic presents to you with fever, cough, and pleuritic chest pain. X-ray chest showed right upper lobe consolidation. What is the most likely organism?

- A. Klebsiella
- B. Staphylococcus
- C. Pseudomonas
- D. Pneumococcus

Answer: A. Klebsiella

Explanation

Feature	Key Point
Risk Group	Alcoholics, homeless, diabetics
Lung Involvement	Right upper lobe consolidation
Sputum Type	Currant jelly (bloody, mucoid)
Organism	Gram-negative, encapsulated rod

Klebsiella pneumoniae is classically associated with **aspiration pneumonia in alcoholics**, often causing **right upper lobe consolidation** and producing **currant jelly sputum** due to necrotizing hemorrhagic inflammation. It is a gram-negative, encapsulated rod commonly seen in debilitated patients (e.g., homeless, alcoholic).

B. Staphylococcus aureus – Post-influenza; causes **cavitations/abscesses**, not typical in alcoholics.

C. Pseudomonas – Seen in **nosocomial**, ventilated, or structural lung disease patients.

D. Streptococcus pneumoniae – Common CAP; usually **lower lobes**, less necrotizing, not alcohol-specific.

Q.16 A 35-year-old female presents with bloody nipple discharge and a mobile rubbery mass, but no lump or rash found in the breast. What is the most likely diagnosis?

- A. Papilloma
- B. Duct ectasia
- C. Paget disease of breast
- D. Fibroadenoma

Answer: A. Papilloma

Papilloma is the most common cause of **bloody nipple discharge** in premenopausal women. It presents with **unilateral, spontaneous, bloody or serous discharge** and may have a small **retroareolar mass**. It is **benign** and typically seen in women aged **30–50**.

Feature	Details
Definition	Benign epithelial tumor of the lactiferous (milk) ducts
Typical Patient	Women aged 30–50 years
Presentation	Unilateral, spontaneous, bloody or serous nipple discharge
Mass	Often no palpable mass , or small retroareolar mass
Imaging	Ultrasound : intraductal solid mass in dilated duct
Diagnosis	Duct excision or core needle biopsy to rule out atypia
Management	Surgical excision (to relieve symptoms + confirm benign nature)



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- B. Duct ectasia** – Green/gray discharge, nipple inversion; common in **postmenopausal** women.
C. Paget disease – **Eczematous nipple changes**, not an isolated discharge; linked to **breast cancer**.
D. Fibroadenoma – Painless, mobile breast mass; no nipple discharge.

Q.17 A patient after earthquakes with minor injuries is categorized in color. What is the correct triage color category?

- A. Red
- B. Yellow
- C. Green
- D. Black

Answer: C. Green

A patient with **minor injuries after an earthquake** who is **ambulatory and stable** is triaged as **green** under disaster triage protocols. This category, often referred to as the "**walking wounded**," includes individuals who do **not require immediate medical attention** and whose treatment can be safely **delayed** without significant risk. These patients help preserve critical resources for more urgent cases.

Color	Category	Meaning
Red	Immediate	Life-threatening injuries; require urgent intervention
Yellow	Delayed	Serious but not immediately life-threatening injuries
Green	Minor (Walking Wounded)	Minor injuries; ambulatory; treatment can be delayed
Black	Expectant/Deceased	Unsurvivable injuries or already dead



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Triage category	Priority	Color	Conditions
Immediate	1	RED	Chest wounds, shock, open fractures, 2-3 burns
Delayed	2	YELLOW	Stable abdominal wound, eye and CNS injuries
Minimal	3	GREEN	Minor burns, minor fractures, minor bleeding
Expectant	4	BLACK	Unresponsive, high spinal cord injury



- A. Red – Incorrect. Red is for **life-threatening but survivable** conditions that require **immediate intervention**, such as airway compromise or severe bleeding
- B. Yellow – Incorrect. Yellow is used for **serious injuries** that are not immediately life-threatening but need treatment soon (e.g., open fractures, significant wounds).
- D. Black – Incorrect. Black is assigned to patients who are **dead or have injuries incompatible with survival**, such as massive head trauma or cardiac arrest without response.

Q.18A physician diagnosed a 33-year-old man with vitamin-A deficiency. What would be the most likely symptom in such a patient?



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- A. Red-eye
- B. Conjunctival infection
- C. Diplopia
- D. Night blindness

Answer: D. Night blindness

A patient with **vitamin A deficiency** most likely presents with **night blindness**, the **earliest and hallmark symptom**. Vitamin A is essential for the regeneration of **rhodopsin** in rod cells, which is critical for **low-light (scotopic) vision**. Deficiency impairs dark adaptation, leading to difficulty seeing at night. Common in settings of **malnutrition, fat malabsorption, or liver disease**, it may progress to **xerophthalmia** and **Bitot spots** if untreated.

Key Point	High-Yield Fact
Function	Vision, epithelium, immunity
Cause	Malnutrition, fat malabsorption
Signs	Night blindness, Bitot spots, dry skin
Risk	Measles complications ↑
Treatment	Vitamin A supplementation

Red-eye – Seen in infections or irritants; not related to vitamin A.

B. Conjunctival infection – Suggests conjunctivitis; unrelated to deficiency.

C. Diplopia – Indicates neurologic or ocular muscle issues; not a feature of vitamin A deficiency.

Q.19 A woman presented at 36 weeks with blood pressure 130/80 on two different occasions and 1+ proteinuria. What is the most likely diagnosis?

- A. Preeclampsia
- B. Gestational Hypertension
- C. Chronic Hypertension
- D. Eclampsia

Ans : . Preeclampsia

Disorder	BP Criteria	Timing	Proteinuria	Seizures	Other Features
Chronic HTN	$\geq 140/90$ mmHg	Before 20 weeks	\pm (may be present)	No	May persist postpartum
Gestational HTN	$\geq 140/90$ mmHg	After 20 weeks	Absent	No	No end-organ dysfunction May have severe features:
Preeclampsia	$\geq 140/90$ mmHg (after 20 wks) +	After 20 weeks	Yes (or organ damage)	No	\uparrow creatinine, \uparrow LFTs, \downarrow platelets
Eclampsia	Preeclampsia +	Any time (usually after 20 wks)	Yes or organ damage	Yes	Seizures without other cause



Q.20 A 48-year-old woman with a known history of Rheumatoid Arthritis presents with fatigue and pallor. Her CBC shows anemia. Iron studies reveal low serum iron, normal TIBC, and normal ferritin levels. What is the most likely cause of her anemia?

- A. Iron deficiency anemia
- B. Anemia of chronic disease
- C. Aplastic Anemia
- D. Sideroblastic Anemia

Answer: B. Anemia of chronic disease

This patient's history of **Rheumatoid Arthritis** and iron study pattern (low serum iron, normal TIBC, normal ferritin) are classic for **anemia of chronic disease (ACD)**. In chronic inflammation, cytokines like IL-6 increase hepcidin, which blocks iron release and reduces erythropoiesis. The result is impaired iron utilization despite adequate stores, reflected by **normal or high ferritin** and **low iron** without increased TIBC. This is a common cause of normocytic or mildly microcytic anemia in chronic inflammatory states.

- A. Iron deficiency anemia** – Typically shows **low iron, high TIBC**, and **low ferritin**; not seen here.
C. Aplastic anemia – Presents with **pancytopenia**, not isolated anemia; unrelated to iron studies.
D. Sideroblastic anemia – Often shows **elevated serum iron and ferritin**, with **low TIBC**; iron is not low.

Cause	Serum Iron	TIBC	Ferritin	Transferrin Saturation	RDW	Key Features
Iron Deficiency Anemia	↓	↑	↓	↓	↑	Most common; late phase = microcytic, hypochromic
Anemia of Chronic Disease	↓	↓ or normal	Normal or ↑	↓ or normal	Normal	Often normocytic early; ↑ ferritin due to inflammation ↓ MCV with normal RDW; target cells; confirmed with Hb electrophoresis
Thalassemia (Trait)	Normal or ↑	Normal	Normal or ↑	Normal or ↑	Normal	Ringed sideroblasts on marrow stain; associated with alcohol, lead
Sideroblastic Anemia	↑	Normal or ↓	↑	↑	↑	Basophilic stippling; ↑ free erythrocyte protoporphyrin
Lead Poisoning	Normal or ↓	Normal	Normal or ↑	↓ or normal	↑	



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Q.21 A man with a history of working in a glass factory presents for evaluation. The patient also has renal failure. Which of the following types of poisoning is most commonly associated with this occupational exposure?

- A. Lead
- B. Mercury
- C. Silica
- D. Cadmium

C. Silica: Correct. Silica exposure is common in glass factories. Chronic inhalation of silica dust can lead to **silicosis**, a lung disease that can also result in kidney damage, contributing to renal failure. This makes it the most likely cause of the patient's renal issues in this occupational context.

- ☐ **A. Lead: Incorrect.** Lead exposure is typically linked to industries like **battery manufacturing**, **painting**, and **plumbing**, rather than glass production.
- ☐ **B. Mercury: Incorrect.** Mercury poisoning is more common in industries such as **thermometers**, **batteries**, and **mining**, not glass manufacturing.
- ☐ **D. Cadmium: Incorrect.** While cadmium can cause kidney damage, it is primarily associated with industries like **battery manufacturing** and **metalworking**, not glass factories.

✓



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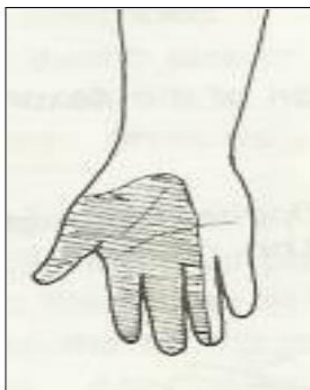
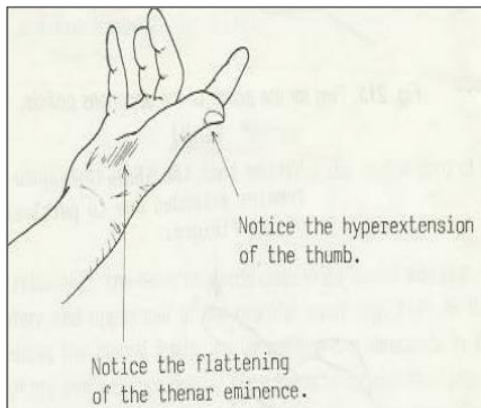
Q.22 Which of the following is a clinical feature of median nerve injury?

- A. Wrist drop
- B. Ape hand
- C. Footdrop
- D. Claw hand

Answer: B. Ape hand

Explanation:

Feature	Description
Cause	Median nerve injury (commonly at the wrist)
Thenar atrophy	Wasting of the thenar eminence
Thumb position	Pulled into the same plane as fingers (adducted)
Loss of movement	Inability to oppose and abduct the thumb
Functional deficit	Impaired precision grip (e.g., pinching or writing)



LESION OF MEDIAN NERVE II- ABOVE THE WRIST

- **Loss of opposition of thumb** due to paralysis of opponens pollicis.
- **Flattening of the thenar eminence** due to atrophy of thenar muscles.
- **The characteristic deformity 'APE HAND'** is present.
- **Loss of cutaneous sensations** on the palmar surfaces of the lateral 3 ½ fingers.

nerve.

- A. Wrist drop** – Seen with **radial nerve injury**, due to paralysis of wrist extensors.
- D. Claw hand** – Classic for **ulnar nerve injury**, affecting intrinsic hand muscles (lumbricals/interossei), especially the 4th and 5th digits.



Q.23 What is the most sensitive test for diagnosing Rheumatoid Arthritis?

- A. Anti-CCP
- B. ANA
- C. Rheumatoid Factor (RF)
- D. Anti-ds DNA

9. **Answer : C**

Test	Sensitivity	Specificity	Notes
RF	80–86%	Moderate	Best sensitivity; elevated in other conditions
Anti-CCP	~70%	>90%	High specificity, predicts severe disease
ANA	30–50%	85%	Nonspecific; often positive in other diseases

Q.24 Which of the following vaccines is given at 9 months of age in association with the measles vaccine?

- A. Polio
- B. Rubella
- C. Rotavirus
- D. Mumps

Answer: **MR (Measles-Rubella)** is the standard combination given at **9 months** to protect against both viral illnesses early in life.



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	0M	1M	2M	4M	6M	9M	12M	15M	18M	2Y	2.5Y	3Y	4Y	5Y	7-10Y	11-12Y	13-18Y
Hep B	#1	#2			#3												
DTaP			#1	#2	#3			#4					#5				
Hib			#1	#2	#3		#4										
PCV13			#1	#2	#3		#4										
IPV			#1	#2	#3								#4				
Rota			#1	#2	#3												
MMR							#1						#2				
Varicella							#1						#2				
Hep A							#1		#2								
Influenza																	
MenACWY																#1	#2 (@16)
MenB																	
HPV																	
Tdap																	

= Normal recommended vax. * = Special Circumstances

Vaccination Schedule						
Birth	2 months	6months	1-1.5 y/o	4-6 y/o	11-12 y/o	16-18 y/o
B (Hep B)	B (Hep B)	B (Hep B)	M (MMR)	Very (Varicella)	Tada! (Tdap) * 7y/o+	Men get boosted
	D (DTap)	D (DTap)	A (Hep A)	D (Dtap) * only <7 y/o	Humans (HPV)	(Meningococcal booster)
	R (Rotavirus)	R (Rotavirus)	D (DTap)	I (Inactivated polio)	Men (Meningococcal)	
	H (Hib)	H (Hib)	H (Hib)	M (MMR)		
	I (Inactivated polio)	I (Inactivated polio)	P (PCV)			
	P (PCV) *pneumococcal	P (PCV)	V (Varicella)			
**B	**2 B DR HIP	**B DR HIP in 6months	**1 MAD HPV	**VERY DIM betw. 4-6pm	**Tada! At 11-12 humans become men	**Men get boosted at 16-18

Q.25 Koplik spots are characteristic of which disease?

- A. Rubella
- B. Measles
- C. Scarlet fever
- D. Diphtheria

Correct Answer: B

Item	Key Point
Virus	Paramyxovirus (RNA)
Prodrome	3 Cs: Cough, Coryza, Conjunctivitis
Spot	Koplik spots (buccal mucosa)
Rash	Starts at hairline, spreads down
Complications	Pneumonia, encephalitis, SSPE
Treatment	Supportive + Vitamin A
Prevention	MMR vaccine (live attenuated)

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Koplik spots are **pathognomonic** for measles (rubeola). They are tiny white or blue-white lesions with an erythematous base, found on the **buccal mucosa**, typically **1–2 days before the skin rash** appears. They are part of the **prodromal stage**, along with the **3 Cs: coryza, cough, and conjunctivitis**. Their presence strongly supports a clinical diagnosis of measles.

A. Rubella – Presents with **mild fever** and **maculopapular rash**, but **no Koplik spots**; often associated with **postauricular and occipital lymphadenopathy**.

C. Scarlet fever – Caused by **group A strep**; features **strawberry tongue**, **sandpaper rash**, and **pharyngitis**, but **no Koplik spots**.

D. Diphtheria – Characterized by **pseudomembrane** formation in the throat and **toxin-mediated complications**; not associated with buccal mucosal spots.

Q.26 A 65-year-old patient with a history of long-term NSAID use now presents with severe anemia. What is the most likely cause?

- A. Hemolysis
- B. Upper gastrointestinal bleeding
- C. Nutritional deficiency
- D. Bone marrow suppression

Key :: B

Pathophysiology of NSAID-induced Peptic Ulcers (Short & High-Yield)

Mechanism

Details

COX Inhibition

NSAIDs inhibit **COX-1** and **COX-2** enzymes.

↓ Prostaglandin synthesis

↓ PGE2 → ↓ mucus, ↓ bicarbonate, ↓ mucosal blood flow

Correct Choice

Long-term **NSAID** use disrupts gastric mucosal prostaglandins by inhibiting **COX-1**, leading to **gastric and duodenal ulcers**, which are a major cause of **chronic occult GI blood loss**. Over time, this can cause **iron-deficiency anemia** or present with **severe anemia** in acute cases. The elderly and chronic NSAID users are at especially high risk.

Incorrect Choices

A. Hemolysis – Typically presents with jaundice, ↑ LDH, ↑ indirect bilirubin, ↓ haptoglobin—not associated with NSAIDs.

C. Nutritional deficiency – Usually presents gradually and without a clear bleeding source; not directly linked to NSAID use.

D. Bone marrow suppression – NSAIDs can rarely cause aplastic anemia, but this is **very uncommon**; not the most likely cause.

Key Diagnostic Clue:

Elderly + NSAIDs + anemia → **think peptic ulcer with occult or overt GI bleed**



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Q.27 A 12-year-old boy presents with fever, unilateral parotitis, and orchitis. What is the most likely diagnosis?

- A. Measles
- B. Mumps
- C. Infectious Mono
- D. Epididymitis

Answer: B. Mumps

Aspect	Key Fact
Virus	Paramyxovirus (–ssRNA)

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Aspect	Key Fact
Sign	Parotitis (often bilateral)
Complication	Orchitis, meningitis, pancreatitis
Dx	Clinical ± RT-PCR (buccal swab)
Tx	Supportive only
Prevention	MMR vaccine (live attenuated)

Mumps is a **viral illness (paramyxovirus)** that classically causes **parotitis** (salivary gland swelling), often initially **unilateral**, and may progress to **orchitis**, especially in postpubertal males. Orchitis typically occurs **within 7 days** of parotid swelling. Fever, malaise, and localized gland tenderness are common. These findings, especially the **parotitis-orchitis combination**, are strongly characteristic of mumps.

Incorrect Options

- A. Measles** – Causes **Koplik spots**, cough, coryza, conjunctivitis, and a **maculopapular rash**, but **no parotitis or orchitis**.
- C. Infectious mononucleosis** – Associated with **fever, pharyngitis, lymphadenopathy**, ± splenomegaly; **not parotitis or orchitis**.
- D. Epididymitis** – Causes testicular pain but **no parotid gland involvement**; usually bacterial and unilateral in older teens or adults.

Key Diagnostic Clue:

Fever + Parotitis + Orchitis in a child = strongly suggestive of **Mumps**

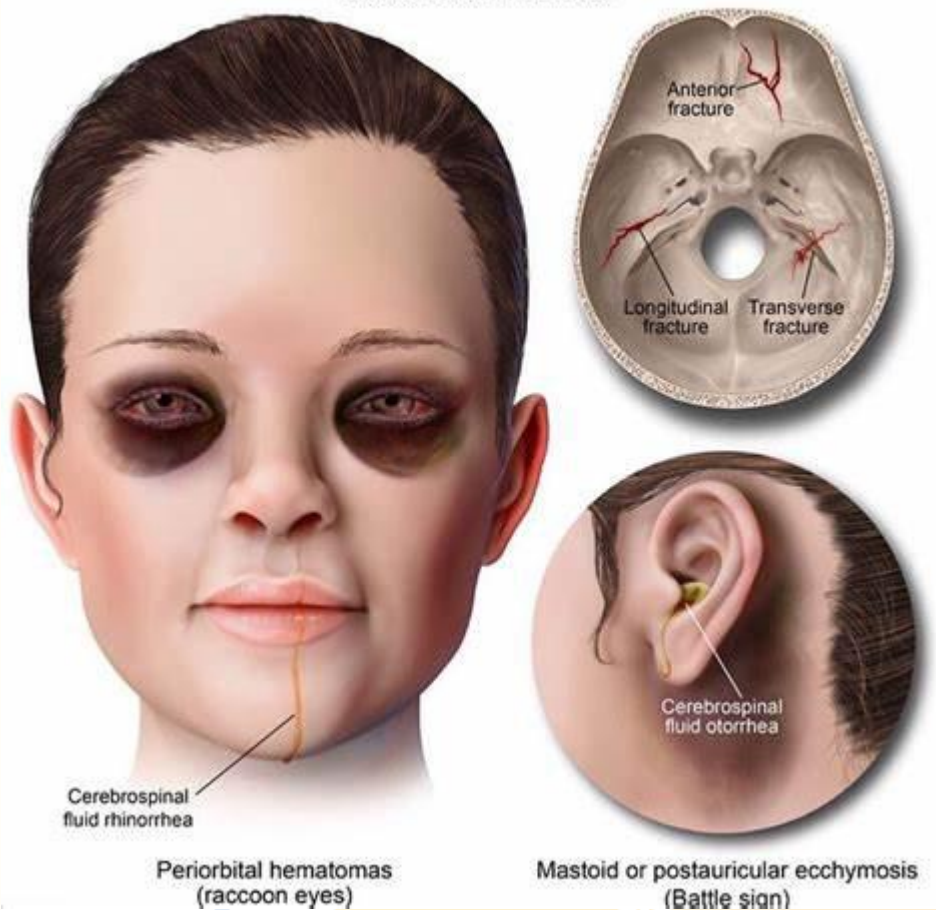
Q.28 A lady traveling in a bus sustained a bump on her forehead just below the hairline. She consulted a general practitioner who noted only slight bruising without any visible cut. A few weeks later, she developed a diminished sense of smell (and, according to some reports, recurrent watery nasal discharge). What is the most probable site where the trauma occurred?

- A. Anterior cranial fossa
- B. Middle cranial fossa
- C. Cribriform plate of ethmoid
- D. Nasal septum

Answer: C. Cribriform plate of ethmoid

A blow to the forehead just below the hairline can transmit force to the anterior cranial fossa, specifically the **cribriform plate of the ethmoid bone**, which is thin and fragile. This region houses the olfactory nerves. Fracture here can damage these nerves, leading to **anosmia (loss of smell)** and may also cause **CSF rhinorrhea**, presenting as intermittent clear nasal discharge. These features are highly specific for **cribriform plate injury** in anterior skull base fractures.

Basilar skull fractures



Why other options are incorrect:

- A. Anterior cranial fossa** – Too broad; does not specify the key structure (cribriform plate) responsible for smell and CSF leak.
- B. Middle cranial fossa** – More commonly associated with ear symptoms (e.g., CSF otorrhea, hemotympanum), not anosmia.
- D. Nasal septum** – Injury here causes local nasal trauma but not anosmia or CSF leak.

Q. 29 A 5-year-old child accidentally ingested his grandmother's diazepam tablets. He is brought to the emergency department for gastric lavage. What is the best position for performing the procedure?

- A. Left lateral decubitus
- B. Right lateral decubitus
- C. Supine position
- D. Prone position

Correct Answer: A. Left lateral decubitus

Explanation:

The **left lateral decubitus** position with the head slightly lowered (Trendelenburg) is considered optimal for gastric lavage. This position helps **pool gastric contents away from the pylorus**,

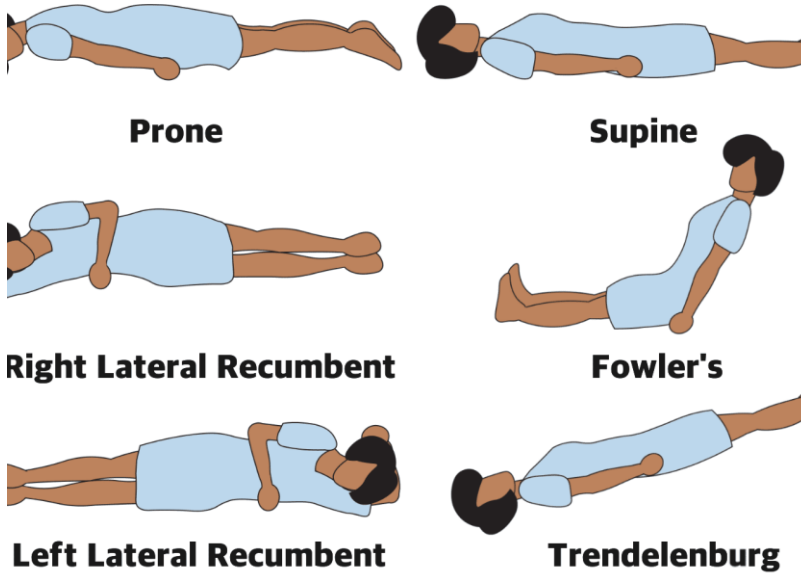


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minimizing further absorption and **reducing the risk of aspiration** into the lungs during the procedure.

It should be performed **within 1 hour** of ingestion and only if the airway is protected.



Why other options are incorrect:

B. Right lateral decubitus – Promotes gastric emptying into the duodenum, increasing absorption of toxins.

C. Supine position – Increases risk of aspiration, especially if the patient vomits during lavage.

D. Prone position – Impractical and unsafe for airway access and tube placement.

Q.30 Which of the following is the most likely complication of kerosene oil ingestion or inhalation?

- A. Bronchial pneumonia
- B. Lobar pneumonia
- C. Pneumonitis
- D. Pulmonary tuberculosis

Correct Answer: C. Pneumonitis

Kerosene ingestion or inhalation leads to **chemical pneumonitis**, not an infectious process. Hydrocarbons like kerosene **irritate the tracheobronchial tree and alveoli**, causing inflammation and **non-infectious chemical lung injury**. Clinical features include **cough, tachypnea, dyspnea, wheezing**, and hypoxemia. Chest X-ray may show bilateral infiltrates, especially in the **right lower lobe** (common site for aspiration).

Aspect	Key Point
Toxin	Hydrocarbon (low viscosity, volatile)
Main Risk	Aspiration → Chemical pneumonitis
Symptoms	Cough, dyspnea, wheeze, tachypnea
X-ray	Infiltrates, often right lower lobe
Treatment	Supportive only – oxygen, fluids
Avoid	Gastric lavage, emesis, charcoal
Antibiotics	Only if bacterial superinfection suspected

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Aspect

Key Point

Antidote None

WHY OTHER OPTIONS ARE INCORRECT:

- A. Bronchial pneumonia** – Involves infection, typically with bacterial pathogens; not the primary complication of kerosene exposure.
- B. Lobar pneumonia** – Classically caused by *Streptococcus pneumoniae*; not chemical-related.
- D. Pulmonary tuberculosis** – Chronic disease with a different etiology (*Mycobacterium tuberculosis*); unrelated to kerosene ingestion.

Q.31 A 3-year-old child presents after accidental ingestion of kerosene oil. He is coughing and tachypneic but has stable vital signs. What is the most appropriate initial treatment?

- A. Beta nebulization
- B. Gastric lavage
- C. Supportive care plus antibiotics
- D. Steroids plus antibiotics

Correct Answer: C. Supportive care ± antibiotics

Kerosene poisoning primarily causes **aspiration pneumonitis**, a chemical lung injury. The cornerstone of management is **supportive care**:

Oxygen

Monitoring respiratory status

Fluids if needed

Antibiotics are not routinely indicated but may be added if signs of secondary bacterial infection appear (e.g., fever, leukocytosis, worsening CXR). Most cases resolve with observation and oxygen.

Aspiration Pneumonitis – Treatment Summary

Step	Management
Airway protection	Suction oropharynx immediately if needed
Respiratory support	Oxygen therapy; intubation if respiratory failure
Bronchodilators	Use if bronchospasm present

Why other options are incorrect:

- A. Beta-agonist nebulization** – Only used if **wheezing or bronchospasm** is present; not a general treatment for all kerosene poisoning cases.
- B. Gastric lavage** – **Contraindicated** due to high risk of aspiration.
- D. Steroids plus antibiotics** – **No proven benefit** and not routinely recommended; steroids may delay healing and increase infection risk.

Key Point:

In kerosene ingestion, **supportive care is the mainstay**. Avoid gastric decontamination. Use antibiotics **only if infection develops**.



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Q.32 A 40-year-old man presents with sharp, pleuritic chest pain that is relieved by leaning forward. On examination, a pericardial friction rub is heard. ECG shows diffuse ST elevation. What is the most likely diagnosis?

- A. Acute Myocardial Infarction (MI)
- B. Acute Pericarditis
- C. Pulmonary Embolism
- D. Aortic Dissection

Correct Answer: B. Acute Pericarditis

Explanation:

Acute pericarditis presents with **pleuritic chest pain** that is **relieved by sitting up or leaning forward**, and commonly features a **pericardial friction rub** on auscultation. ECG classically shows **diffuse ST-segment elevation** and **PR depression**, which helps differentiate it from MI.

Aspect	Key Facts
Definition	Inflammation of the pericardium
Classic Symptoms	Sharp, pleuritic chest pain , improves on leaning forward
Auscultation	Pericardial friction rub (high-pitched, scratchy sound)
ECG Findings	Diffuse ST elevation, PR depression
Common Causes	Viral (most common), post-MI (Dressler), uremia, autoimmune, trauma
Diagnosis	Clinical + ECG + supportive labs (\uparrow CRP/ESR, troponin mild \uparrow)
Treatment	NSAIDs + colchicine ; steroids if refractory or autoimmune

Why other options are incorrect:

- A. Acute MI** – Chest pain is **pressure-like**, not pleuritic; **ST elevation is regional**, not diffuse.
- C. Pulmonary Embolism** – Pleuritic pain possible, but typically with **dyspnea, tachycardia**, and **normal ST segments**.
- D. Aortic Dissection** – Causes **tearing pain**, often radiating to the back; ECG typically **normal or shows nonspecific changes**.

Key Point:

Pleuritic chest pain + friction rub + diffuse ST elevation = Acute Pericarditis

Q.33 A known diabetic patient presents with altered mental status. Arterial blood gas (ABG) shows:

pH: 7.2

pCO₂: 30 mmHg

HCO₃⁻: 12 mEq/L

What is the most likely acid-base disorder?

- A. Metabolic alkalosis
- B. Respiratory alkalosis
- C. Metabolic acidosis
- D. Respiratory acidosis



Correct Answer: C. Metabolic acidosis

Explanation:

Breakdown of the ABG:

Parameter	Value	Interpretation
pH	7.20	Acidemia → confirms acidotic state
HCO ₃ ⁻	12 mEq/L	↓ → Metabolic acidosis (primary)
pCO ₂	30 mmHg	↓ → Compensatory respiratory alkalosis

Correct answer : if this option is there

Metabolic acidosis (with compensatory respiratory alkalosis)

The **low pH** indicates **acidemia**.

The **low HCO₃⁻** confirms a **primary metabolic acidosis**.

The **low pCO₂** represents **respiratory compensation** (hyperventilation).

In a known diabetic with altered mental status, this is classic for **diabetic ketoacidosis (DKA)**

Q.34 What is the most common causative organism of osteomyelitis?

- A. Staphylococcus aureus
- B. Salmonella
- C. Streptococcus pneumoniae
- D. Staphylococcus epidermidis

Correct Option: A. Staph Aureus

Osteomyelitis



RISK FACTOR	ASSOCIATED INFECTION
Assume if no other information is available	<i>S aureus</i> (most common overall)
Sexually active	<i>Neisseria gonorrhoeae</i> (rare), septic arthritis more common
Sickle cell disease	<i>Salmonella</i> , <i>S aureus</i>
Prosthetic joint replacement	<i>S aureus</i> , <i>S epidermidis</i>
Vertebral involvement	<i>S aureus</i> , <i>M tuberculosis</i> (Pott disease)
Cat and dog bites	<i>Pasteurella multocida</i>
Injection drug use	<i>S aureus</i> ; also <i>Pseudomonas</i> , <i>Candida</i>

Elevated ESR and CRP sensitive but not specific.

Radiographs are insensitive early but can be useful in chronic osteomyelitis (A, left). MRI is best for detecting acute infection and detailing anatomic involvement (B, right). Biopsy or aspiration with culture necessary to identify organism.

--**Staphylococcus aureus** is the most frequent pathogen responsible for both hematogenous and exogenous osteomyelitis, especially in children and adults. It is often associated with infections in individuals with prosthetics, diabetes, or those who use intravenous drugs.

Why the others are incorrect:

- **B. Salmonella:** While it can cause osteomyelitis, particularly in patients with **sickle cell anemia**, it is not the most common pathogen.
- **C. Streptococcus pneumoniae:** This is not a primary cause of osteomyelitis. **Streptococci** can contribute to osteomyelitis in some cases, but it is not the most frequent pathogen.
- **D. Staphylococcus epidermidis:** This organism is primarily associated with osteomyelitis in patients with **prosthetic joints**, but it is less common compared to **Staphylococcus aureus**.



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Q.35 A young patient is brought to the emergency department after a road traffic accident. He initially lost consciousness, then regained it briefly, followed by rapid deterioration. What is the most likely diagnosis?

A. Subdural hematoma

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B. Epidural hematoma

C. SAH

D. Scalp Hematoma

Correct Option: B. Epidural Hematoma

Epidural Hematoma

Pathogenesis	Trauma to the sphenoid bone with tearing of the middle meningeal artery .
Clinical Features	<ul style="list-style-type: none">- Brief loss of consciousness, followed by a lucid interval.- Hematoma expansion leads to:<ul style="list-style-type: none">- ↑ Intracranial pressure (impaired consciousness, headache, nausea/vomiting).- Uncal herniation: ipsilateral pupillary dilation and contralateral hemiparesis.
Diagnosis	CT scan of the head: biconvex (lens-shaped) hyperdensity that does not cross suture lines .
Treatment	Urgent surgical evacuation for symptomatic patients.

Explanation:

- **Epidural hematoma (EDH)** classically presents with an initial **loss of consciousness**, followed by a **lucid interval** (brief period of recovery) and then rapid deterioration due to expanding hematoma and increased intracranial pressure. This is a hallmark of **EDH**, especially when associated with skull fractures, commonly caused by trauma.

Why the other options are less likely:

- **A. Subdural hematoma (SDH):** While SDH can cause rapid deterioration, it usually progresses more gradually compared to EDH, and the lucid interval is less common.
- **C. Subarachnoid hemorrhage (SAH):** Typically presents with **severe headache**, "thunderclap" headache, and signs of meningeal irritation, which is not described here.
- **D. Scalp Hematoma:** This typically presents with swelling and bruising on the scalp, but does not cause the rapid neurological decline seen in the described scenario.

Q.36 Which type of EEG wave is most prominent in an alert person who is sitting quietly with eyes closed?

- A. Delta waves
- B. Theta waves
- C. Alpha waves
- D. Beta waves



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Correct Option: C. Alpha waves

SLEEP STAGE (% OF TOTAL SLEEP TIME IN YOUNG ADULTS)	DESCRIPTION	EEG WAVEFORM AND NOTES
Awake (eyes open)	Alert, active mental concentration.	Beta (highest frequency, lowest amplitude).
Awake (eyes closed)		Alpha.
Non-REM sleep		
Stage N1 (5%)	Light sleep.	Theta.
Stage N2 (45%)	Deeper sleep; when bruxism ("twoth" [tooth] grinding) occurs.	Sleep spindles and K complexes.
Stage N3 (25%)	Deepest non-REM sleep (slow-wave sleep); sleepwalking , night terrors, and bedwetting occur (wee and flee in N3).	Delta (lowest frequency, highest amplitude), deepest sleep stage.
REM sleep (25%)	Loss of motor tone, ↑ brain O ₂ use, variable pulse/BP, ↑ ACh. REM is when dreaming, nightmares, and penile/clitoral tumescence occur; may serve memory processing function. Extraocular movements due to activity of PPRF (paramedian pontine reticular formation/ conjugate gaze center). Occurs every 90 minutes, and duration ↑ through the night.	Beta. Changes in older adults: ↓ REM, ↓ N3, ↑ sleep latency, ↑ early awakenings. Changes in depression: ↑ REM sleep time, ↓ REM latency, ↓ N3, repeated nighttime awakenings, early morning awakening (terminal insomnia). Change in narcolepsy: ↓ REM latency. At night, BATS Drink B lood.

Q.37 Which antifungal agent is commonly used for the treatment of athlete's foot (tinea pedis)?

- A. Griseofulvin
- B. Fluconazole
- C. Clotrimazole
- D. Terbinafine

D. Terbinafine

Explanation:

For the treatment of *tinea pedis* (athlete's foot), **topical antifungal therapy** is the first-line approach in mild cases. The most commonly used agents include:

Terbinafine (allylamine)

Clotrimazole (azole)



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Among these, **terbinafine** is generally preferred due to its fungicidal activity and superior efficacy



compared to azoles like clotrimazole.



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Q.38

At what age does a child typically develop the ability to copy a circle?

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- A. 12 months
- B. 24 months
- C. 30 months
- D. 36 months

Correct Option: D.36 months

A child typically develops the ability to **copy a circle** at around **3 years of age** (36 months). This is a fine motor skill milestone, where children begin to develop the coordination needed to draw basic shapes.

Normal infant and child development			
AGE	MOTOR	SOCIAL	VERBAL/COGNITIVE
Infant	Parents	Start	Observing,
0–12 mo	Primitive reflexes disappear— Moro , rooting , palmar , Babinski (Mr. Peanut Butter) Posture —lifts head up prone (by 1 mo), rolls and sits (by 6 mo), crawls (by 8 mo), stands (by 10 mo), walks (by 12–18 mo) Picks —passes toys hand to hand (by 6 mo), Pincer grasp (by 10 mo) Points to objects (by 12 mo)	Social smile (by 2 mo) Stranger anxiety (by 6 mo) Separation anxiety (by 9 mo)	Orients —first to voice (by 4 mo), then to name and gestures (by 9 mo) Object permanence (by 9 mo) Oratory —says “mama” and “dada” (by 10 mo)
Toddler	Child	Rearing	Working,
12–36 mo	Cruises , takes first steps (by 12 mo) Climbs stairs (by 18 mo) Cubes stacked (number = age (yr) × 3) Cutlery —feeds self with fork and spoon (by 20 mo) Kicks ball (by 24 mo)	Recreation —parallel play (by 24–36 mo) Rapprochement —moves away from and returns to parent (by 24 mo) Realization —core gender identity formed (by 36 mo)	Words —uses 50–200 words (by 2 yr), uses 300+ words (by 3 yr)
Preschool	Don't	Forget, they're still	Learning!
3–5 yr	Drive —tricycle (3 wheels at 3 yr) Drawings —copies line or circle, stick figure (by 4 yr) Dexterity —hops on one foot by 4 yr (“4 on one foot”), uses buttons or zippers, grooms self (by 5 yr)	Freedom —comfortably spends part of day away from parent (by 3 yr) Friends —cooperative play, has imaginary friends (by 4 yr)	Language —understands 1000 (3 zeros) words (by 3 yr), uses complete sentences and prepositions (by 4 yr) Legends —can tell detailed stories (by 4 yr)

Age	Motor	Social	Language/Cognitive
0–12 mo	- Rolls/sits (6 mo) - Crawls (8 mo) - Stands (10 mo) - Walks (12–18 mo) - Pincer grasp (10 mo) - Walks (12 mo) - Climbs stairs (18 mo)	- Social smile (2 mo) - Stranger anxiety (6 mo) - Separation anxiety (9 mo)	- Orients to voice (4 mo) - Says "mama/dada" (10 mo) - Object permanence (9 mo)
1–3 yrs	- Kicks ball (24 mo) - Stacks cubes = age × 3	- Parallel play (2–3 yrs) - Rapprochement (24 mo)	- 50–200 words (2 yrs) - 300+ words (3 yrs)

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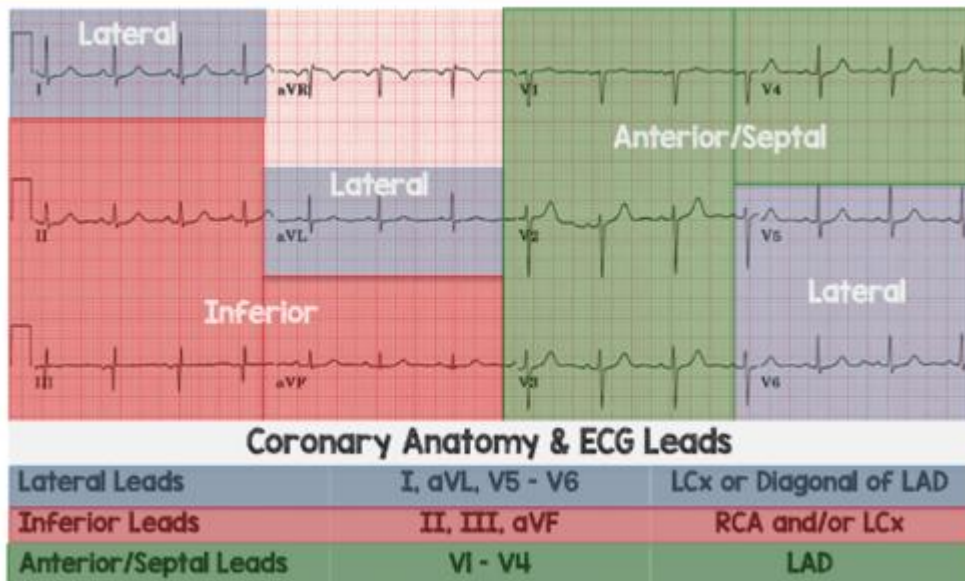
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Age	Motor	Social	Language/Cognitive
3-5 yrs	<ul style="list-style-type: none"> - Tricycle (3 yrs) - Hops on one foot (4 yrs) - Buttons, grooms (5 yrs) 	<ul style="list-style-type: none"> - Cooperative play - Imaginary friends (4 yrs) 	<ul style="list-style-type: none"> - 1000+ words (3 yrs) - Tells stories (4 yrs)

Q.39A patient is diagnosed with an anterior wall myocardial infarction. Which coronary artery is most likely involved?

- A. Left Anterior Descending (LAD) artery
- B. Left Circumflex (LCX) artery
- C. Posterior Descending Artery (PDA)
- D. Right Coronary Artery (RCA)

Correct Option: A. Left Anterior Descending (LAD) artery

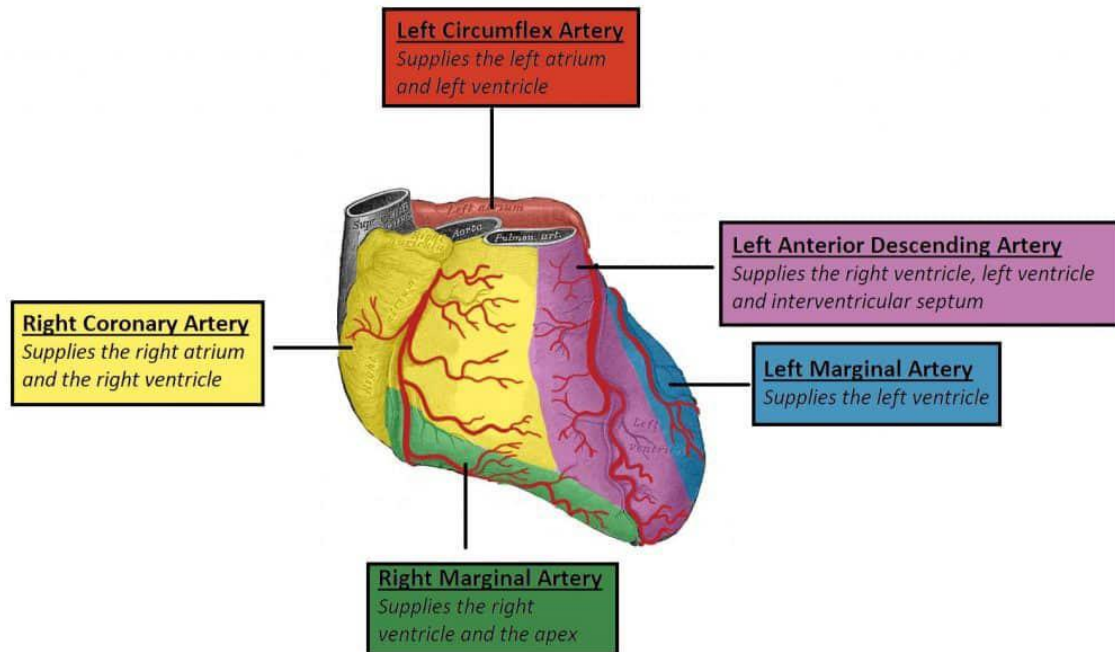


Option	Area Supplied	Area Involved in Anterior Wall MI
A. Left Anterior Descending (LAD) artery	Supplies the anterior wall , anterior septum , and apex of the left ventricle.	Anterior wall , anterior septum , apex of the left ventricle.
B. Left Circumflex (LCX) artery	Supplies the lateral wall and posterior wall of the left ventricle.	Lateral wall , posterior wall of the left ventricle.
C. Posterior Descending Artery (PDA)	Supplies the inferior wall and posterior septum .	Inferior wall , posterior septum .
D. Right Coronary Artery (RCA)	Supplies the inferior wall , right ventricle , and part of the posterior wall .	Inferior wall , right ventricle , posterior wall .

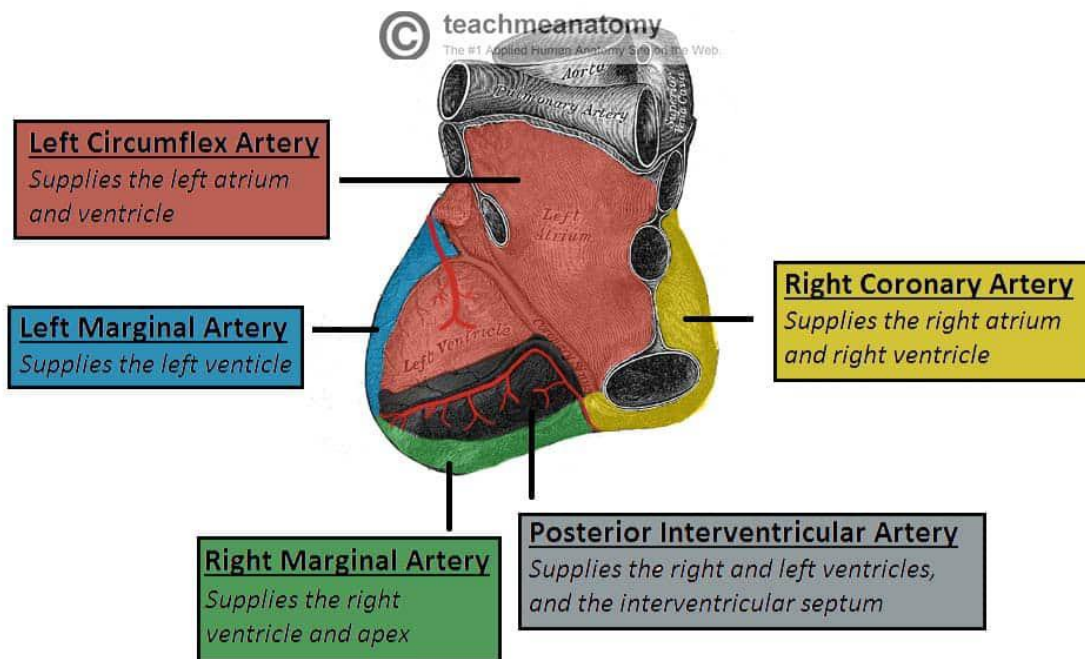


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Q.40 A 52-year-old woman underwent a hysterectomy through a midline abdominal incision. A few months later, she presents with a bulge at the incision site, diagnosed as an incisional hernia. What is the most appropriate treatment?

- A. Laparoscopic hernia repair
- B. Open mesh repair
- C. Herniorrhaphy (non-mesh repair)
- D. Conservative management

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Correct Answer: **B. Open mesh repair**

- **Open mesh repair** is the **gold standard** for treating **incisional hernias**. It offers **stronger reinforcement**, reduces the risk of **recurrence**, and is preferred for **larger hernias** or complex defects.

Why the other options are incorrect:

- **A. Laparoscopic hernia repair:** While minimally invasive, it is typically reserved for **bilateral** or **recurrent hernias**. **Open mesh repair** is preferred for incisional hernias, especially when the defect is large or complicated.
- **C. Herniorrhaphy (non-mesh repair):** **Suture-only repairs** have a higher recurrence rate compared to mesh and are not ideal for incisional hernias, especially larger ones.
- **D. Conservative management:** Suitable for **asymptomatic** hernias, but **surgical repair** is recommended for **incisional hernias** to prevent complications like **strangulation** and **obstruction**.

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Q.41 What is the most common congenital heart defect seen in patients with Down syndrome?

- A. Atrial Septal Defect (ASD)
- B. Atrioventricular Septal Defect (AVSD)
- C. Coarctation of Aorta (CoA)
- D. Patent Ductus Arteriosus (PDA)

Correct Option: B. Atrioventricular Septal Defect (AVSD)

Explanation:

- **Atrioventricular septal defect (AVSD)**, also known as **endocardial cushion defect**, is the most common congenital heart defect seen in individuals with **Down syndrome**. It involves a defect in the heart's septum, leading to a **left-to-right shunt** between the atria and ventricles, often requiring surgical repair.

Category

Key Features

Cause	Trisomy 21 (meiotic nondisjunction, ↑ maternal age)
Facial Features	Upward slanting palpebral fissures, epicanthal folds, flat nasal bridge, macroglossia
Hands/Feet	Single transverse palmar crease, clinodactyly
Neurologic	Intellectual disability, hypotonia, delayed milestones, early-onset Alzheimer's
Cardiac	AVSD (most common) , VSD, ASD
GI	Duodenal atresia, Hirschsprung disease
Other Associations	Hypothyroidism, leukemia (ALL, AML), obesity, celiac disease

☞ **Mnemonic: 5 A's** → *Advanced age, AVSD, Atresia (duodenal), AML/ALL, Alzheimer's*

Q.42 A 65-year-old diabetic patient underwent foot surgery. One month later, the surgical wound has still not healed. What is the most likely cause?

- A. Old age
- B. Delayed wound healing due to diabetes
- C. Decreased venous supply
- D. Poor hygiene

Correct Option: B. Delayed wound healing due to diabetes.

B. Delayed wound healing due to diabetes – Diabetes impairs healing through **microvascular damage, neuropathy, and immune dysfunction**, making it the most common cause of **chronic non-healing wounds** after foot surgery.

A. Old age – Age may slightly slow healing, but has **less impact** compared to diabetes.

C. Decreased venous supply – Leads to **venous ulcers**, usually on the **lower leg**, not at **surgical foot sites**.

D. Poor hygiene – Increases **infection risk** but is **not a primary cause** of delayed wound healing without signs of infection.

Q.43 What is the inheritance pattern of Hemophilia?

- A. X-linked dominant



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- B. X-linked recessive
- C. Autosomal dominant
- D. Autosomal recessive

Correct Option: B. X-linked recessive.

Explanation:

- **Hemophilia** is caused by an **X-linked recessive** inheritance pattern, meaning the defective gene is located on the X chromosome. It is most commonly seen in **males** because they have only one X chromosome, so one copy of the mutated gene will result in the disease. **Females** are typically carriers and may not show symptoms unless they inherit two defective X chromosomes.

Type of Hemophilia	Cause	Inheritance Pattern	Affected Factor	Prevalence
Hemophilia A	Factor VIII deficiency	X-linked recessive	Factor VIII	Most common (~80%)
Hemophilia B	Factor IX deficiency	X-linked recessive	Factor IX	Second most common (~20%)

Option	Inheritance Pattern	Classic Examples
A. X-linked dominant	The disorder is expressed with one mutated gene on the X chromosome.	Rett syndrome, Fragile X syndrome, Hypophosphatemic rickets
B. X-linked recessive	The disorder is expressed in males with one mutated gene on the X chromosome.	Hemophilia A & B, Duchenne muscular dystrophy, Color blindness, G6PD deficiency
C. Autosomal dominant	The disorder is expressed with one mutated gene on a non-sex chromosome (autosome).	Achondroplasia, Huntington disease, Neurofibromatosis type 1, Marfan syndrome
D. Autosomal recessive	The disorder is expressed when both alleles on autosomes are mutated.	Cystic fibrosis, Sickle cell anemia, Tay-Sachs disease, Phenylketonuria (PKU)

Q.44 A young patient with a known history of H. pylori-associated peptic ulcers presents with hematemesis. The bleeding has now stopped. What is the next appropriate step in management?

- A. High-dose proton pump inhibitor (PPI)
- B. H. pylori eradication therapy
- C. Ranitidine
- D. Endoscopy for Diagnoses and Hematemesis

Correct Answer: D. Endoscopy for Diagnosis and Hematemesis

Explanation :

D. Endoscopy for diagnosis and hematemesis – In a patient with **hematemesis from a known peptic ulcer**, the **next best step is endoscopy** to assess the **source of bleeding**, apply possible **endoscopic hemostasis**, and **stratify risk** (e.g., Forrest classification). Even if the bleeding has stopped, **early endoscopy** (within 24 hours) is recommended to guide further treatment and prevent rebleeding.




Other Options:

A. High-dose PPI – Important part of therapy **after endoscopy**, especially if high-risk stigmata are seen. It is not the initial diagnostic step.

B. H. pylori eradication therapy – Essential for long-term management of peptic ulcers, **but only after stabilization and diagnosis of the bleeding source**.

C. Ranitidine – An H₂ blocker, now largely **obsolete** in ulcer management due to **inferior acid suppression** and safety concerns (withdrawn in many regions).

 **Key point:** All patients with **overt GI bleeding** (e.g., hematemesis) need **early endoscopy** for diagnosis, risk stratification, and management—even if the bleeding appears to have resolved.

Q.45 What is the inheritance pattern of sickle cell anemia?

- A. X-linked recessive
- B. X-linked dominant
- C. Autosomal dominant
- D. Autosomal recessive

Correct Option: D. Autosomal recessive.

Sickle cell anemia follows an **autosomal recessive inheritance pattern**, meaning the disorder occurs when an individual inherits two copies of the mutated gene (one from each parent).

Individuals with one mutated gene (carriers) typically do not show symptoms but can pass the mutation to their offspring.

Q.46 A patient in his 40s presents with shortness of breath. CBC shows pancytopenia (low red cells, white cells, and platelets). What is the most likely diagnosis?

- A. Thalassemia
- B. Sickle Cell Disease
- C. Aplastic anemia
- D. Iron deficiency anemia

Correct Option: C. Aplastic anemia

Explanation:

- **Aplastic anemia** is characterized by **pancytopenia** caused by **bone marrow failure**, leading to a decrease in all blood cell lines (red cells, white cells, and platelets).
- It can be idiopathic or caused by factors such as **medications**, **viral infections**, or **exposure to toxins**.

•

Aplastic anemia

Category	Key Points
Definition	Pancytopenia due to hypocellular bone marrow with increased fat spaces
Causes	Idiopathic (>50%), drugs (carbamazepine, chloramphenicol), toxins (benzene), viruses (parvovirus B19, HIV), Fanconi anemia
Mnemonic	Can't Make New Blood Cells Properly
Symptoms	Fatigue, pallor, bleeding (petechiae), infections



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Category

Key Points

Diagnosis CBC: pancytopenia, retic↓, BM biopsy: hypocellular, fatty marrow

Treatment Supportive care, remove cause, immunosuppression, HSCT <50 yrs

•

Why the other options are incorrect:

- **A. Thalassemia:** Typically causes **microcytic anemia** and would not typically present with **pancytopenia**. Thalassemia also usually involves a family history.
- **B. Sickle Cell Disease:** Typically leads to **hemolytic anemia** with **pain crises** and **vaso-occlusive events**, not **pancytopenia**.
- **D. Iron Deficiency Anemia:** This typically causes **microcytic hypochromic anemia** and would not cause pancytopenia.

Q.47 A patient presents with shifting abdominal pain, nausea, vomiting, raised temperature, tenderness in the right iliac fossa, and a WBC count of $13,000/\text{mm}^3$. What is the most likely Alvarado score for this patient?

A. 3

B. 5

C. 6

D. 7

Answer: D

The most likely Alvarado score for this patient presenting with shifting abdominal pain, nausea, vomiting, raised temperature, tenderness in the right iliac fossa, and a WBC count of $13,000/\text{mm}^3$ is 7.

Diagnostic Approach to Appendicitis

Step	Key Features
History	RLQ pain (migrated from periumbilical), nausea, vomiting, fever
Exam	RLQ tenderness, McBurney point , Rovsing , Psoas , rebound
Labs	↑ WBC with neutrophilia , ↑ CRP
Score	Alvarado score to assess likelihood (≥ 7 = likely appendicitis)
Imaging	US (first-line in children/pregnancy), CT (adults), MRI if needed

Alvarado Scoring

Parameter	Score	Explanation
Migration of pain to RLQ	1	The pain shifts to the right lower quadrant.
Anorexia	1	Loss of appetite commonly seen in appendicitis.
Nausea and/or vomiting	1	Often associated with appendicitis.
Tenderness in RLQ	2	Right lower quadrant tenderness on physical examination.
Rebound pain	1	Pain upon release of pressure in the RLQ (peritoneal signs).



Parameter	Score	Explanation
Elevated temperature (>37.3°C)	1	Mild fever commonly seen in appendicitis.
Leukocytosis (>10,000/mm ³)	2	Elevated white blood cell count is typical in infection.
Shift to the left (>75% neutrophils)	1	A predominance of neutrophils (often seen in bacterial infections).

Score Interpretation

Score	Probability of Appendicitis	Clinical Action
0–3	Low	Discharge or observe; unlikely appendicitis
4–6	Intermediate	Further investigation (e.g., imaging)
7–10	High	Likely appendicitis → surgical consult

The patient has:

- **RLQ tenderness** (2 points)
- **Migratory pain** (1 point)
- **Nausea/vomiting** (1 point)
- **Elevated temperature** (1 point)
- **Leukocytosis** (2 points)

This gives a total of **7 points**, indicating a **high likelihood of appendicitis**.

Q.48 A 25-year-old man is brought to the emergency department after a road traffic accident. He sustained a fracture of the femur. Within 48 hours, he develops shortness of breath, confusion, and a petechial rash on his chest. What is the most likely diagnosis?

- A. Pulmonary embolism
- B. Fat embolism syndrome
- C. ARDS
- D. DVT

Correct Answer: B. Fat embolism syndrome

Why B is correct:

This patient presents with the **classic triad** of **fat embolism syndrome (FES)**:

- Respiratory distress** (dyspnea)
- Neurological symptoms** (confusion)
- Petechial rash** (on chest)

These symptoms developed **within 48 hours** after a **long bone fracture (femur)** — a hallmark context for FES. Fat droplets from bone marrow enter circulation and embolize to the lungs and systemic circulation.

Why other options are incorrect:



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- A. Pulmonary embolism** – Can cause dyspnea and confusion, but **petechial rash is not seen**, and it's less likely so soon after trauma without a clotting risk.
- C. ARDS** – May follow trauma but usually presents **without petechial rash or neurologic signs** early; often a **late complication** of systemic insult.
- D. DVT** – May occur post-trauma, but **does not cause respiratory or neurologic symptoms** or rash. Also, no leg swelling is mentioned.

🧠 Key Exam Clue:

Triad = **Dyspnea + Neurologic symptoms + Petechiae** in trauma patient → **Fat embolism**

Q.49 A 5-year-old child presents with partial-thickness burns involving more than 10% of the surface area of one arm. What should be the next step in management?

- A. IV fluid resuscitation
- B. Remove dressing
- C. Systemic evaluation
- D. Observation only

Correct Option: A. IV fluid resuscitation.

Explanation:

- **Partial-thickness burns** involving **10% of the body surface area** in a **child** are significant enough to require **IV fluid resuscitation** to prevent **hypovolemia** and maintain adequate **perfusion**. Fluid resuscitation helps replace lost fluids from the burned area and ensures proper organ function.
- For burns covering **>10%** of the body surface area (especially in children), **fluid resuscitation** is crucial, typically using formulas such as the **Parkland formula** to guide fluid replacement.

Why the other options are incorrect:

- **B. Remove dressing:** Dressing removal should only be done as part of **wound care** in the context of **infection prevention** and **wound management**, but it is not the first step in management.

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- **C. Systemic evaluation:** Systemic evaluation might be required in the case of more extensive burns or other injuries, but **IV fluid resuscitation** takes priority for managing fluid loss.
- **D. Observation only:** Given the **10% burn area** and the risk of **fluid loss**, observation alone is insufficient, and **IV fluid resuscitation** should be initiated.

Q.50 A patient presents with pustules, a maculopapular rash, and dry, scaly skin. These findings are most likely due to a deficiency of which of the following?

- A. Essential fatty acids
- B. Vitamin A
- C. Vitamin E
- D. Niacin

Correct Option: A. Essential fatty acids.

Explanation:

Essential fatty acid deficiency can present with **dermatologic symptoms** such as **dry, scaly skin** (similar to **eczema**), **pustules**, and a **maculopapular rash**. This occurs because essential fatty acids play a critical role in maintaining the integrity of the skin's barrier function.

main Essential Fatty Acids (EFAs):

Name	Type	Function
Linoleic acid (LA)	Omeg a-6	Skin barrier, precursor to arachidonic acid
Alpha-linolenic acid (ALA)	Omeg a-3	Anti-inflammatory, precursor to EPA and DHA

☞ Both are **essential** because they **cannot be synthesized** by the human body.

Why the other options are incorrect:

- **B. Vitamin A:** Vitamin A deficiency can cause **dry skin** and **keratinization** of the skin (like **Xerosis**), but it typically doesn't present with **pustules**.
- **C. Vitamin E:** Vitamin E deficiency generally presents with **neurologic symptoms** (like **peripheral neuropathy**) and may cause **hemolytic anemia** in newborns, but it doesn't typically cause **pustules** and **rash** in this manner.
- **D. Niacin:** Niacin deficiency (leading to **pellagra**) causes **dermatitis**, **diarrhea**, and **dementia**, but does not typically present with **pustules** or **dry, scaly skin** as described.

Q.51 A 30-year-old woman presents with fatigue and mild pallor. She reports a history of heavy menstrual periods over the past several months. Laboratory investigations reveal the following:

- **Hemoglobin (Hb):** 10.5 g/dL
- **MCV:** 92 fL (normocytic)
- **WBC count:** 8,000/mm³ (normal)
- **Platelet count:** 280,000/mm³ (normal)
- **TIBC:** High
- **Serum Ferritin:** Normal

What is the most likely diagnosis?

- A. Hemolytic anemia
- B. Aplastic anemia
- C. Iron deficiency anemia
- D. Anemia of chronic disease



Answer: C) Iron deficiency anemia

Explanation: Although MCV is normal, this can occur in the early normocytic phase of iron deficiency anemia. High TIBC supports iron deficiency. Normal ferritin may be seen in early disease or inflammation. Aplastic anemia is unlikely due to normal WBC and platelet counts.

Most Likely Diagnosis: Early Iron Deficiency Anemia

Although iron deficiency typically presents with **microcytic anemia**, it often starts as **normocytic**. The **high TIBC** supports iron deficiency, as the body increases transferrin to bind more iron. **Normal ferritin** can occur early or be falsely elevated in inflammatory states, but does **not rule out iron deficiency**.

! Differential Points:

Parameter	Iron Deficiency	Anemia of Chronic Disease
MCV	Normal → Low (later)	Normal → Low (later)
TIBC	↑	↓ or normal
Ferritin	↓ (can be normal early)	Normal or ↑
Serum Iron	↓	↓

🔑 Key Takeaway:

Normocytic anemia with high TIBC and normal ferritin suggests early iron deficiency, especially in the absence of chronic inflammation.

Disclaimer:

We sincerely apologize and acknowledge that we could not obtain the complete question stem. Based on the available information, the most appropriate choice has been selected to the best of our judgment. This response should be interpreted with caution and does not substitute a definitive answer in the absence of the full context.

Q.52 A patient presents with jaundice. Laboratory tests show the following:

HBsAg: Positive

HBeAg: Positive

anti-HBs: Negative

anti-HBc IgM: Positive

What is the most likely diagnosis?

- A. Chronic Hepatitis B
- B. Vaccinated against Hepatitis B
- C. Acute Hepatitis B infection
- D. Past resolved Hepatitis B infection

Correct Option: C

Explanation (very concise):

- **HBsAg+:** Active HBV infection
- **HBeAg+:** High viral replication
- **anti-HBc IgM+:** Confirms *acute* (recent) infection



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- **anti-HBs**—: No immunity yet (still early phase)

Incorrect choices:

- **A. Chronic Hepatitis B:**
Would show **anti-HBc IgG** (not IgM); also often lacks anti-HBs.
- **B. Vaccinated against Hepatitis B:**
Only **anti-HBs** would be positive; all others negative.
- **D. Past resolved Hepatitis B infection:**
Would show **anti-HBs** and **anti-HBc IgG**; HBsAg and HBeAg would be negative.

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Q.53 A 30-year-old man presents with recurrent episodes of severe, unilateral periorbital pain. The pain lasts for about 45 minutes, occurs daily for several days, and often wakes him up from sleep at night. It is accompanied by lacrimation and nasal congestion. What is the most likely diagnosis?

- A. Migraine
- B. Cluster headache
- C. Tension-type headache
- D. Trigeminal Neuralgia

Correct Option: B

Explanation (very concise):

- **Unilateral, severe periorbital pain**, lasting 15–180 minutes
- Occurs **daily in clusters**, often **at night**, with **lacrimation + nasal congestion**
- Fits **diagnostic criteria** for cluster headache

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Incorrect choices:

- **A. Migraine:**
Usually **longer duration** (4–72 hrs), **nausea**, photophobia; **not strictly periorbital** or strictly nocturnal.
- **C. Tension-type headache:**
Bilateral, dull, **non-throbbing** pain; lacks autonomic symptoms.
- **D. Trigeminal Neuralgia:**
Brief electric-shock pains, triggered by touch or movement; no lacrimation or nasal congestion.

Q.54 Which of the following is an **absolute indication** for surgery in a patient with Crohn's disease?

- A. Bowel obstruction
- B. Fistula in ano
- C. Sclerosing cholangitis
- D. Pyoderma Gangrenosum

Correct answer: A. Bowel obstruction

- In Crohn's disease, **bowel obstruction** commonly results from **strictures** caused by chronic inflammation and fibrosis.
- It can lead to **severe symptoms** (e.g., cramping, vomiting, distension) and complications like **perforation** or **ischemia**.
- When obstruction is **complete** or **refractory to medical therapy**, it is an **absolute indication for surgery** (e.g., resection or stricturoplasty).

Incorrect choices:

- **B. Fistula in ano:**
Managed medically first; surgery only if refractory or complex.
- **C. Sclerosing cholangitis:**
Not a direct indication for Crohn surgery; may require liver transplant in advanced cases.
- **D. Pyoderma gangrenosum:**
A **skin manifestation**, treated medically (e.g., corticosteroids, immunosuppressants), not with bowel surgery.

Q.55 What is the most common causative organism of acute infective endocarditis?

- A. Staphylococcus aureus
- B. Streptococcus viridans
- C. Staphylococcus epidermidis
- D. Escherichia coli

Answer: A

Explanation:

The most common causative organism of acute infective endocarditis is **Staphylococcus aureus (A)**. It is the leading cause, particularly in intravenous drug users and those with prosthetic heart valves.

Key Exam Points:

- **Most common cause:** Staphylococcus aureus (acute)
- **Best initial test:** Blood cultures (for organism identification)
- **Diagnostic test:** Echocardiogram



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- **First-line treatment:** Empiric antibiotic therapy with **vancomycin** or **nafcillin** (depending on sensitivity)

Incorrect Options:

- **B. Streptococcus viridans:** Common cause of subacute infective endocarditis, not acute.
- **C. Staphylococcus epidermidis:** Typically seen in prosthetic valve endocarditis, but less common for acute cases.
- **D. Escherichia coli:** Rarely a cause of infective endocarditis, more associated with urinary tract infections.

Q.56 How many hours before surgery should prophylactic antibiotics be administered preoperatively for optimal effectiveness?

- A. 1 hour
- B. 2 hours
- C. 3 hours
- D. 4 hours

Correct answer: A. 1 hour

Explanation (very concise):

- Prophylactic antibiotics should be administered **ideally 30–60 minutes** before skin incision to ensure adequate tissue levels during surgery.
- This timing **minimizes surgical site infections**.

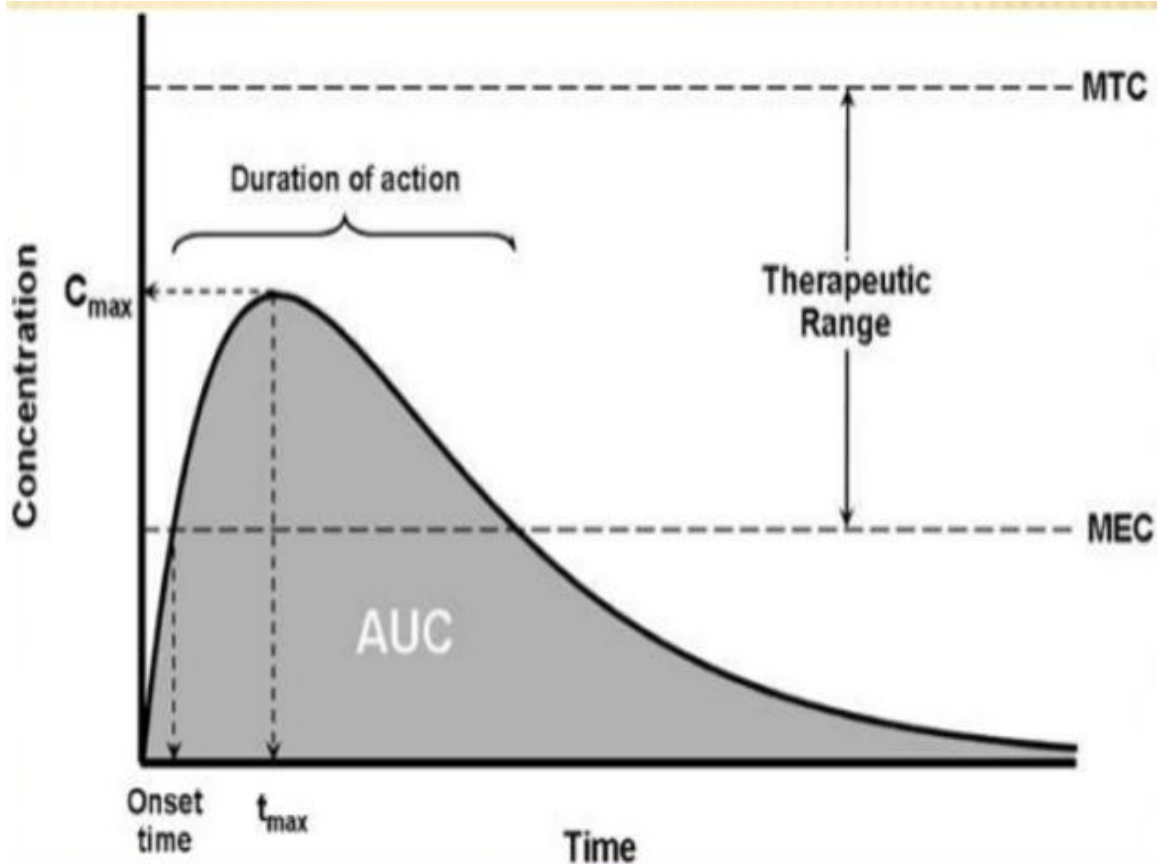
Incorrect choices:

- **B. 2 hours** and beyond (C, D):
Too early — antibiotic levels may decline **below effective concentrations** during surgery, reducing protective effect.



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Q.57 Which of the following enzymes is elevated in myocardial infarction?

- A. CK-MB
- B. AST
- C. ALT
- D. LDH

Correct answer: A. CK-MB

Explanation (very concise):

- **CK-MB** is an enzyme released from **damaged cardiac myocytes** and was historically used to diagnose **myocardial infarction (MI)**.
- It rises within **4–9 hours**, peaks at **12–24 hours**, and returns to normal in **2–3 days**.
- Though largely replaced by **troponins**, CK-MB is still relevant in detecting **reinfarction** due to its shorter half-life.

Incorrect choices:

- **B. AST:**
May rise due to cardiac cell injury but is **nonspecific** (also elevated in liver disease).
- **C. ALT:**
Liver-specific enzyme, not associated with cardiac injury.
- **D. LDH:**
Can be elevated in MI but is **nonspecific** and has largely been replaced by troponin testing.



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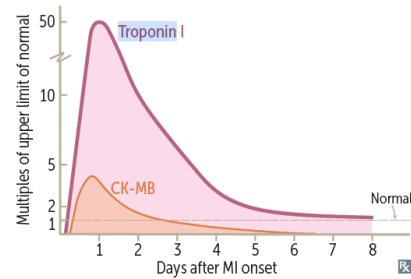
Diagnosis of myocardial infarction

In the first 6 hours, ECG is the gold standard.

Cardiac troponin I rises after 4 hours (peaks at 24 hr) and is ↑ for 7–10 days; more specific than other protein markers.

CK-MB increases after 6–12 hours (peaks at 16–24 hr) and is predominantly found in myocardium but can also be released from skeletal muscle. Useful in diagnosing reinfarction following acute MI because levels return to normal after 48 hours.

ECG changes can include ST elevation (STEMI, transmural infarct), ST depression (NSTEMI, subendocardial infarct), hyperacute (peaked) T waves, T-wave inversion, and pathologic Q waves or poor R wave progression (evolving or old transmural infarct).



Q.58 Which immunoglobulin is primarily responsible for mediating allergic responses?

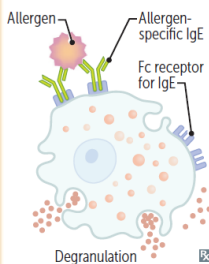
- A. IgA
- B. IgG
- C. IgM
- D. IgE

Correct answer: D. IgE

Explanation very concise

- IgE mediates **type I hypersensitivity reactions**, including allergies and anaphylaxis.
- It binds to **mast cells and basophils**, causing **histamine release** upon allergen exposure.

Type I hypersensitivity



Anaphylactic and atopic—two phases:

- Immediate (minutes): antigen crosslinks preformed IgE on presensitized mast cells → immediate degranulation → release of histamine (a vasoactive amine), tryptase (marker of mast cell activation), and leukotrienes.
- Late (hours): chemokines (attract inflammatory cells, eg, eosinophils) and other mediators from mast cells → inflammation and tissue damage.

First (type) and **F**ast (anaphylaxis).

Test: skin test or blood test (ELISA) for allergen-specific IgE.

Example:

- Anaphylaxis (eg, food, drug, or bee sting allergies)
- Allergic asthma

Incorrect choices:

- **A. IgA:**
Found mainly in **mucosal secretions** (e.g., saliva, tears); involved in **mucosal immunity**, not allergy.
- **B. IgG:**
Involved in **long-term immunity** and **opsonization**; does not mediate immediate allergic responses.
- **C. IgM:**
First antibody produced in response to infection; part of the **initial immune response**, not allergy.

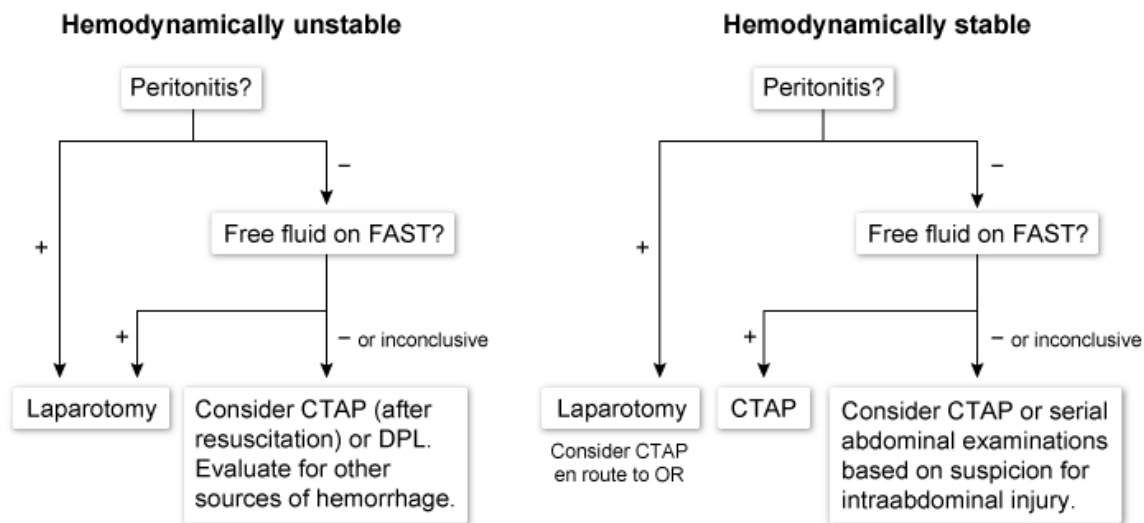


Q.59 A 55-year-old woman presents to the emergency room after a road traffic accident. She is hemodynamically stable and is suspected to have abdominal trauma with possible internal bleeding. What is the most appropriate initial investigation?

- A. CT abdomen & pelvis
- B. Doppler ultrasonography
- C. FAST scan
- D. Diagnostic laparotomy

Correct Option: C

Blunt abdominal trauma



CTAP = CT scan of the abdomen & pelvis; DPL = diagnostic peritoneal lavage;
FAST = Focused Assessment with Sonography for Trauma; OR = operating room.
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Explanation (very concise):

- **FAST (Focused Assessment with Sonography for Trauma)** is the **first-line investigation** in **hemodynamically stable or unstable** patients with suspected abdominal trauma.
- It rapidly detects **free intraperitoneal fluid**, suggesting internal bleeding.

Incorrect choices:

- **A. CT abdomen & pelvis:**
Appropriate **after** FAST if the patient is stable; slower and not ideal as initial test in the ER.
- **B. Doppler ultrasonography:**
Used for **vascular flow**, not standard for trauma assessment.
- **D. Diagnostic laparotomy:**
Reserved for **unstable patients** with a positive FAST or obvious peritonitis; not the initial step in a stable patient.

Q.60 A 55-year-old woman presents to the emergency room after a road traffic accident. She is hemodynamically unstable and is suspected to have internal abdominal bleeding with signs of internal organ injury. What is the most appropriate initial investigation?

- A. CT abdomen & pelvis
- B. Doppler ultrasonography



C. FAST scan

D. Diagnostic laparotomy

Correct Option: C. FAST Scan

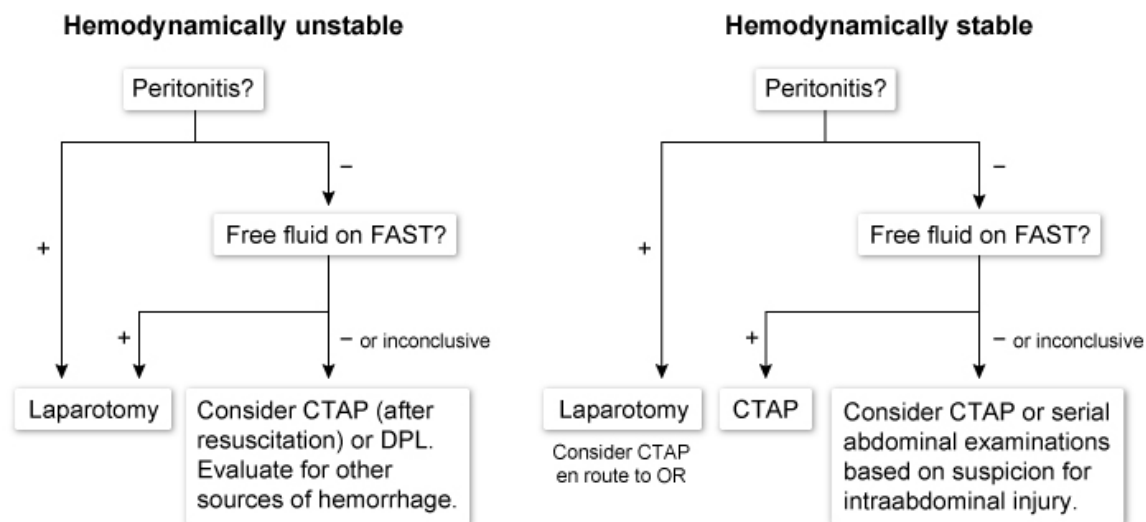
Explanation (very concise):

- **FAST scan** is the **most appropriate initial investigation** in **hemodynamically unstable** trauma patients.
- It rapidly detects **free intra-abdominal fluid**, helping to quickly decide if **emergency surgery** is needed.

Incorrect choices:

- **A. CT abdomen & pelvis:**
Not suitable in **unstable** patients—requires patient transport and time.
- **B. Doppler ultrasonography:**
Not used for trauma; assesses **vascular flow**, not internal bleeding.
- **D. Diagnostic laparotomy:**
Performed **after a positive FAST** or if patient shows signs of **peritonitis** or persistent instability with high suspicion.

Blunt abdominal trauma



CTAP = CT scan of the abdomen & pelvis; **DPL** = diagnostic peritoneal lavage;
FAST = Focused Assessment with Sonography for Trauma; **OR** = operating room.
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Q.61 A 12-year-old boy is brought to the emergency department by his mother with a complaint of limping gait. He is vitally stable but has painful left hip joint movement with restricted internal rotation. What is the most likely diagnosis?

- A. Blount's Disease
- B. Legg-Calvé-Perthes Disease
- C. Slipped Capital Femoral Epiphysis (SCFE)
- D. Congenital Hip Dislocation

Correct answer: C. Slipped Capital Femoral Epiphysis (SCFE)

Explanation (very concise):

- Common in **adolescents** (10–16 years), especially **boys**



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- Presents with **limping, hip/knee/groin pain, and restricted internal rotation of the hip**
- **Drehmann sign** often positive (external rotation during hip flexion)

Incorrect choices:

- **A. Blount's Disease:**
Causes **tibia vara** (bowed legs), not isolated hip pain or gait disturbance.
- **B. Legg-Calvé-Perthes Disease:**
Typically affects **younger children** (4–8 years), with **painless limp** or mild pain; less acute and often unilateral.
- **D. Congenital Hip Dislocation:**
Detected **in infancy** (not at age 12); presents with **asymmetry**, not sudden pain.

Q.62 What is the most common tumor of the anterior mediastinum?

- A. Lymphoma
- B. Thymoma
- C. Teratoma
- D. Germ Cell Tumor

Correct answer: B. Thymoma

Explanation (very concise):

- **Thymoma** is the **most common tumor of the anterior mediastinum** in adults.
- Often presents with **chest pain, cough, dyspnea**, and may be associated with **paraneoplastic syndromes** like **myasthenia gravis**.

Terrible T's of the Anterior Mediastinum:

1. **Thymoma**
2. **Teratoma** (and other germ cell tumors)
3. **Thyroid mass** (e.g., substernal goiter)
4. **Terrible lymphoma**

These are the **most common types of anterior mediastinal tumors**, especially in adults. Among the “**Terrible T’s**” of the anterior mediastinum, the **most common tumor in adults** is **Thymoma**.

Incorrect choices:

- **A. Lymphoma:**
Common in **children**; less common than thymoma in **adults**.
- **C. Teratoma:**
A type of **germ cell tumor**; less frequent than thymoma in the anterior mediastinum.
- **D. Germ Cell Tumor:**
Includes **teratomas and nonseminomatous tumors**; more common in **young males**, not the most frequent overall.

Q.63 Which of the following is the most accurate investigation for TNM staging of esophageal carcinoma?

- A. Intraluminal (endoscopic) ultrasonography (EUS)
- B. Upper GI endoscopy
- C. CT scan of the chest
- D. Endoscopy

Correct answer: A. Intraluminal (endoscopic) ultrasonography (EUS)

Explanation (very concise):

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- **EUS with fine-needle aspiration** is the **most accurate modality** for **TNM staging** of esophageal carcinoma, particularly for assessing:
 - **Tumor depth (T stage)**
 - **Regional lymph nodes (N stage)**

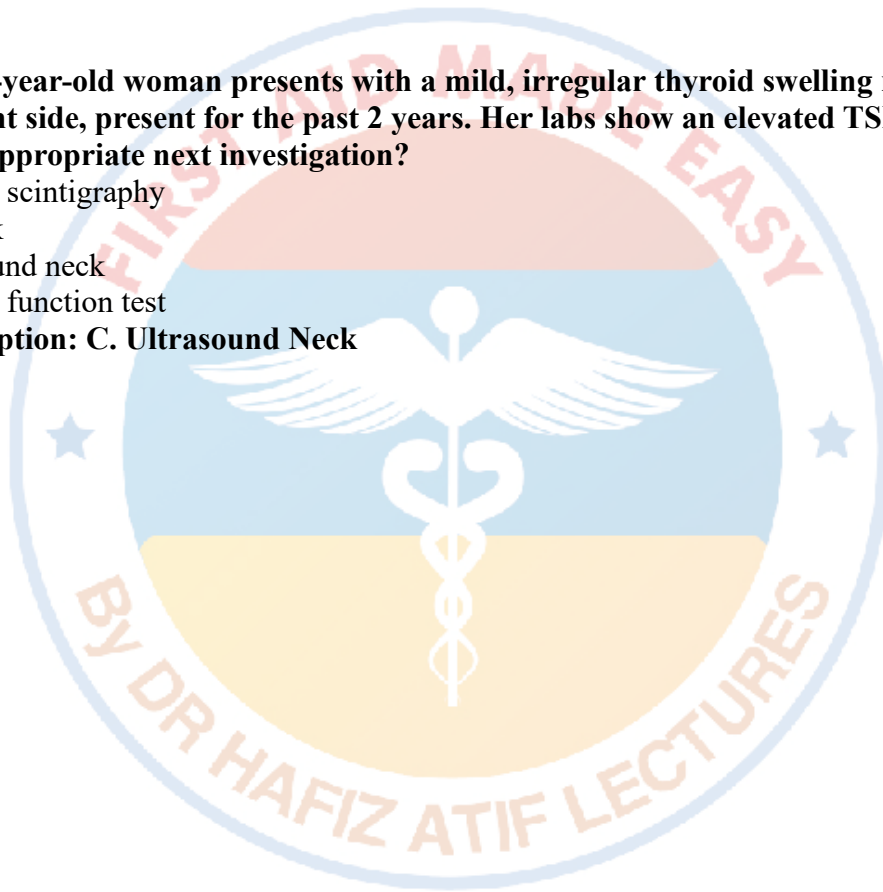
Incorrect choices:

- **B/D. Endoscopy (EGD):**
Best for **initial diagnosis** and **biopsy**, but not accurate for staging.
- **C. CT scan of the chest:**
Useful for **detecting distant metastases**, but **less accurate** for T and N staging compared to EUS.

Q.64 A 35-year-old woman presents with a mild, irregular thyroid swelling more prominent on the right side, present for the past 2 years. Her labs show an elevated TSH level. What is the most appropriate next investigation?

- A. Thyroid scintigraphy
- B. CT neck
- C. Ultrasound neck
- D. Thyroid function test

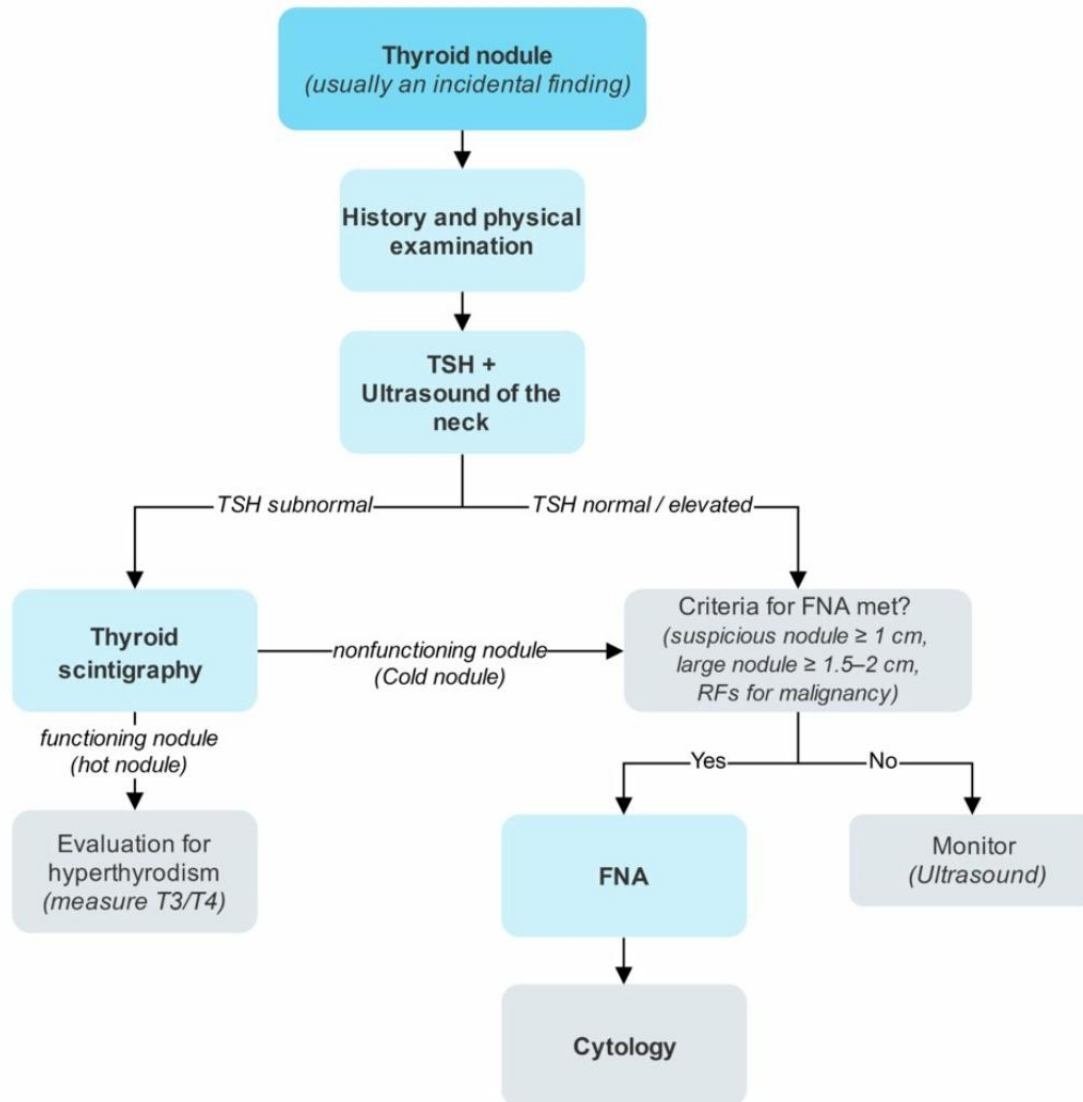
Correct Option: C. Ultrasound Neck





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Explanation (very concise):

- In a patient with a **thyroid swelling** and **elevated TSH**, the next best step is **neck ultrasound** to:
 - **Characterize the nodule(s)**
 - Assess for **suspicious features**
 - Guide **fine-needle aspiration (FNA)** if indicated

Incorrect choices:

- **A. Thyroid scintigraphy:**
Used **only** if **TSH is low** to assess for **autonomous (hot) nodules**.
- **B. CT neck:**
Not first-line; used for **large goiters** with **compressive symptoms** or **retrosternal extension**.
- **D. Thyroid function test:**
Already done (TSH elevated); next step is imaging.



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Q.65 After a skin graft is taken, in how many weeks does the **donor site** typically heal?

- A. 1 week
- B. 2 weeks
- C. 3 weeks
- D. 4 weeks

Correct answer: B. 2 weeks

Explanation (very concise):

- After harvesting a **split-thickness skin graft**, the **donor site** typically heals within **1–2 weeks**, depending on depth, location, and patient factors.
- Healing occurs by **reepithelialization**, as dermal appendages remain intact.

Additional note:

- Full-thickness donor sites may take **longer to heal** and often require **primary closure or grafting** themselves.



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Q.66 What is the most common cause of massive hemoptysis worldwide?

- A. Tuberculosis
- B. Lung cancer
- C. Bronchiectasis

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- D. Esophageal varices
- E. Arteriovenous malformation

Correct answer: A. Tuberculosis

Explanation (very concise):

- **Tuberculosis (TB)** is the **most common cause** of massive hemoptysis worldwide, particularly in regions where TB is endemic.

Bleeding results from erosion of **hypertrophied bronchial arteries** or rupture of a **Rasmussen aneurysm**.

- ☐ **Rasmussen aneurysm** results from **erosion of a pulmonary artery wall** adjacent to a **tuberculous cavity**.
- ☐ This weakening leads to formation of an aneurysm that can **rupture**, causing **massive, life-threatening hemoptysis**.
- ☐ It is a **rare but serious** cause of bleeding in **post-TB cavitory disease**.

Incorrect choices:

- **B. Lung cancer:**
A major cause in **developed countries**, but **less common globally** than TB.
- **C. Bronchiectasis:**
Common cause of **recurrent hemoptysis**, but less frequently causes **massive** bleeding.
- **D. Esophageal varices:**
Cause **upper GI bleeding**, not hemoptysis.
- **E. Arteriovenous malformation (AVM):**
Can cause hemoptysis but is **rare** overall.

Q.67 A patient presents with lethargy and shows delayed skin pinch (skin goes back slowly). What is the most appropriate treatment plan according to WHO dehydration classification?

- A. Plan A
- B. Plan B
- C. Plan C
- D. Plan D

Correct answer: B. Plan B

Explanation (very concise):

- **Lethargy** and **delayed skin pinch** indicate **moderate dehydration** according to WHO classification.
- **Plan B** involves **oral rehydration therapy (ORT)** with **75 mL/kg of ORS over 4 hours**, followed by reassessment.

Quick WHO classification reference:

- **Plan A:** No signs of dehydration → home care with fluids and food
- **Plan B:** *Some* dehydration (e.g., lethargy, reduced turgor) → ORS in facility
- **Plan C:** *Severe* dehydration (e.g., shock) → **IV fluids immediately**

Q.68 In the presence of **ADH inhibition**, which part of the nephron is responsible for the **maximum reabsorption of sodium and water**?

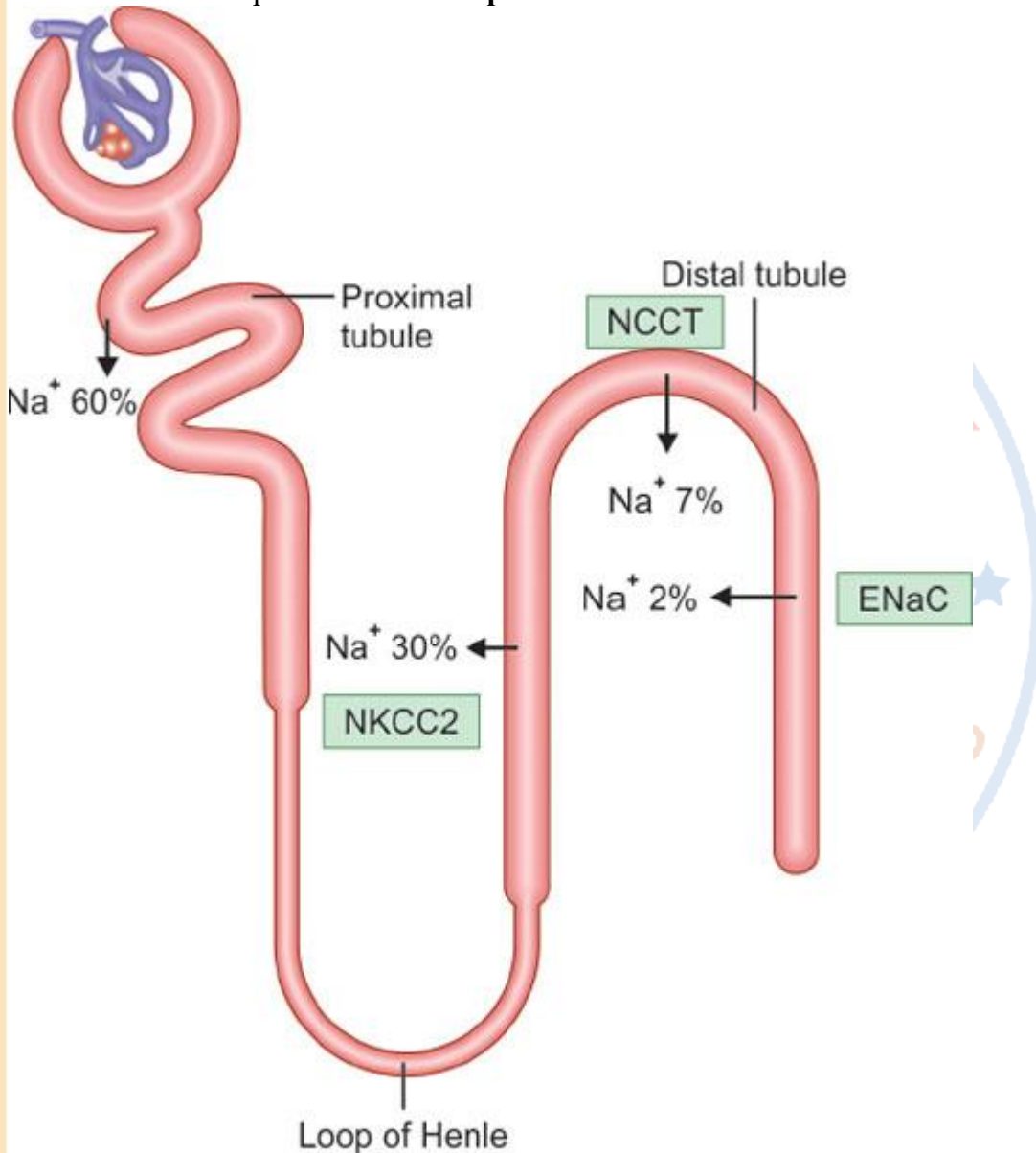
- A. Proximal Convolute Tubule (PCT)
- B. Distal Convolute Tubule (DCT)
- C. Ascending Loop of Henle
- D. Descending Loop of Henle



Correct answer: A. Proximal Convolved Tubule (PCT)

Explanation (very concise):

- Even in the absence of ADH, the PCT reabsorbs the majority of sodium (~65%) and water (~60%), making it the **dominant site** for reabsorption **under all conditions** whether ADH is present or not.
- This reabsorption is ADH-independent.



Incorrect choices:

- **B. Distal Convolved Tubule:**
Minor role in sodium reabsorption; **water impermeable**.
- **C. Ascending Loop of Henle:**
Reabsorbs sodium but is **impermeable to water**—thus no water reabsorption here.
- **D. Descending Loop of Henle:**
Water-permeable but **no sodium reabsorption**.



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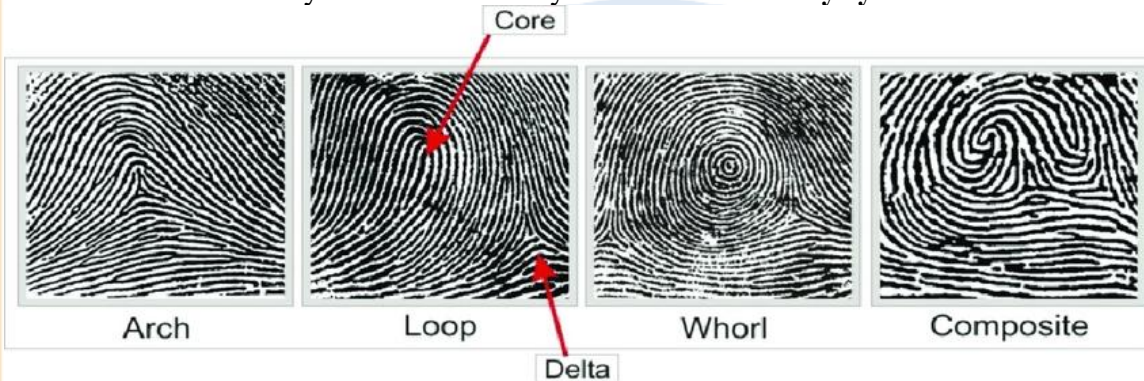
Q.69 According to international fingerprint classification rules, which of the following patterns are most commonly used?

- A. Loop
- B. Whorl
- C. Arch
- D. Composite

Correct Option: A. Loop

Explanation (very concise):

- **Loops** are the **most common fingerprint pattern** worldwide (~60–70%).
- Used extensively in classification systems like the **Henry system**.



Incorrect choices:

- **B. Whorl:**
Second most common (~25–35%), still widely used but less than loops.
- **C. Arch:**
Least common (~5%), not as useful for classification.
- **D. Composite:**
Rare; includes mixed or complex patterns—**not commonly used** for classification.

Q.70 A 22-year-old girl presents with 14 days of low mood and frequent crying spells following a recent emotional stressor. What is the most likely diagnosis?

- A. Dysthymia
- B. Cyclothymia
- C. Major Depressive Disorder
- D. Adjustment Disorder

Explanation (very concise):

- **Adjustment disorder** is characterized by **emotional or behavioral symptoms** (e.g. low mood, crying) that begin **within 3 months of a stressor** and are **disproportionate to the event**.
- Symptoms last **≤6 months** after the stressor resolves and **do not meet full criteria for Major Depressive Disorder**.

Incorrect choices:

- **A. Dysthymia (Persistent Depressive Disorder):**
Requires **≥2 years** of low mood, not just 14 days.
- **B. Cyclothymia:**
Involves **alternating mood swings** (hypomanic and depressive symptoms), not just low mood.



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- **C. Major Depressive Disorder (MDD):**

Requires ≥ 2 weeks of depressive symptoms that meet specific diagnostic criteria (e.g., anhedonia, sleep/appetite changes); not all criteria are met here.

Diagnostic criteria for MDD:

- At least **5 of the following 9 symptoms**, present **nearly every day** for ≥ 2 weeks, and representing a **change from previous functioning**
- **At least one** symptom must be **depressed mood** or **anhedonia** (loss of interest or pleasure)

Symptoms (SIGECAPS):

1. Sleep disturbance (\uparrow or \downarrow)
 2. Interest loss (anhedonia)
 3. Guilt or feelings of worthlessness
 4. Energy loss (fatigue)
 5. Concentration difficulties
 6. Appetite changes (\uparrow or \downarrow)
 7. Psychomotor changes (agitation or retardation)
 8. Suicidal ideation or thoughts of death
 9. **Depressed mood**
- Symptoms must cause **clinically significant distress or impairment**
 - Not attributable to **substance use** or another **medical condition**





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NRE STEP-2



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Q.71 A patient presents with intense itching, especially at night, and burrow-like lesions in the finger webs and wrists. Scabies is diagnosed. What is the first-line treatment?

- A. 1% Lindane lotion
- B. 5% Permethrin cream
- C. Oral Ivermectin
- D. Calamine lotion

Correct answer: B. 5% Permethrin cream

Explanation (very concise):

- **Permethrin 5% cream** is the **first-line treatment** for scabies in both **adults and children**.
- Applied from neck down (including under nails), left on for 8–14 hours, then washed off.
- A **repeat dose after 1 week** may be recommended.

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Incorrect choices:

- **A. Lindane 1% lotion:**
Not first-line due to **neurotoxicity risk**; contraindicated in children, pregnant/lactating women, and patients with skin inflammation.
- **C. Oral Ivermectin:**
Alternative for adults if topical treatment fails or is impractical; not first-line.
- **D. Calamine lotion:**
Soothes itching, but has **no effect on mites**—not curative.

Q.72 Ferrous sulfate exhibits pharmacological antagonism with which of the following?

- A. Tetracycline
- B. Vitamin C
- C. Folic acid
- D. Cyanocobalamin

Correct answer: A. Tetracycline

Explanation (very concise):

- **Ferrous sulfate** (iron) forms **insoluble chelates** with **tetracycline**, significantly **reducing its absorption** from the GI tract.
- This is an example of **pharmacological antagonism** due to **impaired bioavailability**.

Incorrect choices:

- **B. Vitamin C:**
Enhances **iron absorption**, not antagonistic.
- **C. Folic acid:**
No direct interaction with ferrous sulfate.
- **D. Cyanocobalamin (Vitamin B12):**
No antagonistic effect with iron.

Disclaimer:

We sincerely apologize and acknowledge that we could not obtain the complete question stem. Based on the available information, the most appropriate choice has been selected to the best of our judgment. This response should be interpreted with caution and does not substitute a definitive answer in the absence of the full context.

Q.73 A 28-year-old woman presents with fatigue, pallor, and shortness of breath on exertion.

Lab results show:

Hemoglobin: 8 g/dL

MCV: 72 fL

Serum iron: ↓

Ferritin: ↓

TIBC: ↑

What is the most likely diagnosis?

- A. Iron deficiency anemia
- B. Anemia of chronic disease
- C. Aplastic anemia
- D. Thalassemia minor

Correct answer: A. Iron deficiency anemia



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Explanation (very concise):

- Microcytic anemia (MCV < 80 fL)
 - Low serum iron and ferritin
 - High total iron-binding capacity (TIBC)
- These are classic lab features of iron deficiency anemia.

Category	Etiology
Increased iron loss	- Chronic blood loss (e.g., GI bleeding, heavy menstruation) - Parasitic infections (e.g., hookworm, schistosomiasis)
Inadequate intake	- Malnutrition or iron-poor diet - Strict vegetarian/vegan diet
Increased demand	- Pregnancy - Infancy and adolescence (rapid growth)
Impaired absorption	- Celiac disease, atrophic gastritis - Post-gastrectomy or bariatric surgery - Chronic use of PPIs or antacids

Iron deficiency anemia & thalassemias			
Parameter	Iron deficiency anemia	Alpha-thalassemia minor	Beta-thalassemia minor
MCV	↓	↓	↓
RDW	↑	Normal	Normal
RBCs	↓	Normal	Normal
Peripheral smear	Microcytosis, hypochromia	Target cells	Target cells
Serum iron studies	↓ Iron & ferritin ↑ TIBC	Normal/↑ iron & ferritin (RBC turnover)	Normal/↑ iron & ferritin (RBC turnover)
Response to iron supplementation	↑ Hemoglobin	No improvement	No improvement
Hemoglobin electrophoresis	Normal	Normal	↑ Hemoglobin A2

MCV = mean corpuscular volume; RBCs = red blood cells; RDW = red blood cell distribution width; TIBC = total iron-binding

Incorrect choices:

- **B. Anemia of chronic disease:**
Usually shows normal or ↓ TIBC, normal or ↑ ferritin, and low iron.
- **C. Aplastic anemia:**
Causes pancytopenia (↓ WBCs, ↓ platelets), not isolated microcytic anemia.
- **D. Thalassemia minor:**
Also microcytic, but with normal or ↑ iron/ferritin, and target cells on smear.



Q.74 A 32-year-old woman presents with cyclic heavy menstrual bleeding. Which of the following is the best contraceptive option for both managing her bleeding and providing contraception?

- A. Progestin-only pill
- B. Combined oral contraceptive pill (COCP)
- C. Intrauterine contraceptive device (IUCD)
- D. Diaphragm

Explanation (very concise):

- **COCPs are the preferred contraceptive option** for women with **cyclic heavy menstrual bleeding**, as they:
 - **Reduce menstrual blood loss**
 - **Regulate cycles**
 - **Provide effective contraception**

Incorrect choices:

- **A. Progestin-only pill:**
May cause **irregular bleeding** and is less effective for **cycle control**.
- **C. Intrauterine contraceptive device (IUCD):**
Copper IUCDs can worsen bleeding; levonorgestrel-releasing IUDs reduce bleeding but are **not first-line** in all cases.
- **D. Diaphragm:**
Non-hormonal, **no effect on menstrual bleeding**.

Q.75 A patient develops rapidly progressing swelling and crepitus at a wound site with signs of tissue necrosis and foul-smelling discharge. Gas gangrene is suspected. What is the most likely causative organism?

- A. *Clostridium tetani*
- B. *Clostridium perfringens*
- C. *Staphylococcus aureus*
- D. *Streptococcus pyogenes*

Correct answer: B. *Clostridium perfringens*

Explanation (very concise):

- ***Clostridium perfringens* is the most common cause** of traumatic gas gangrene (>80% of cases).
- It is a **gram-positive, spore-forming, obligate anaerobe** that thrives in wounds with poor perfusion, leading to **tissue necrosis, gas production, and foul-smelling discharge**.

Incorrect choices:

- **A. *Clostridium tetani*:**
Causes **tetanus**, not gas gangrene.
- **C. *Staphylococcus aureus*:**
Can cause skin/soft tissue infections, but **not gas gangrene**.
- **D. *Streptococcus pyogenes*:**
Can cause **necrotizing fasciitis**, but not typically gas-producing infections.

Q.76 A patient with a known history of malignancy presents with sudden onset of soft tissue swelling, severe pain, and crepitus without any obvious trauma. Gas gangrene is suspected. What is the most likely causative organism?



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- A. *Clostridium perfringens*
- B. *Clostridium tetani*
- C. *Clostridium difficile*
- D. *Clostridium septicum*

Correct answer: D. *Clostridium septicum*

Explanation (very concise):

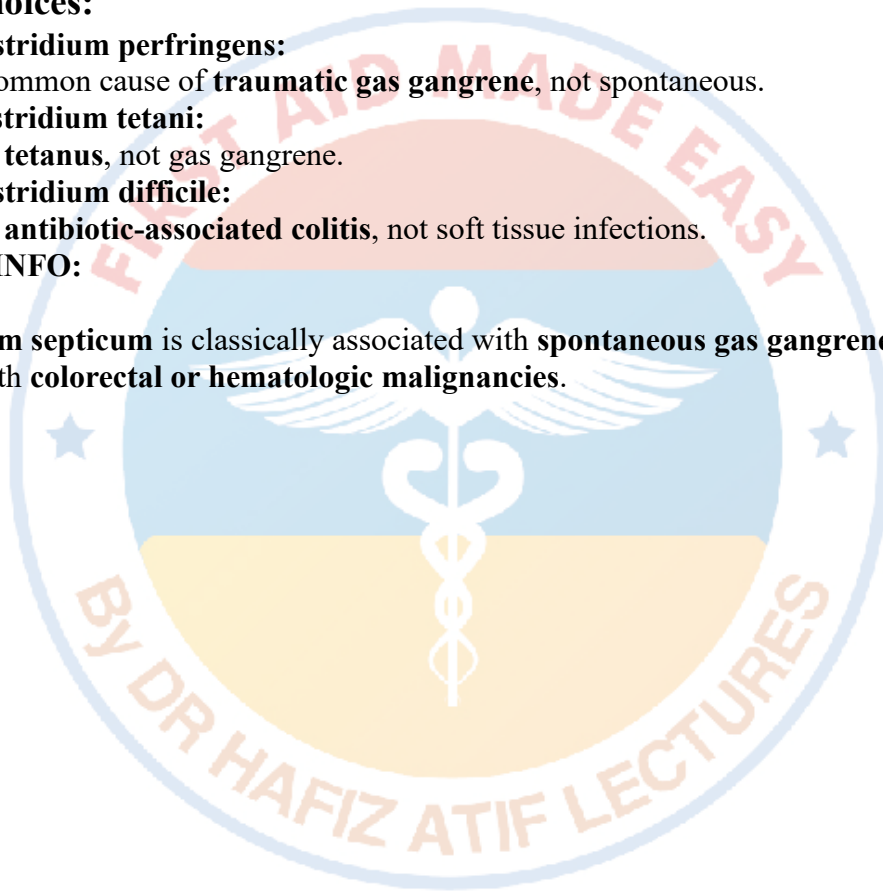
- **Spontaneous gas gangrene**, especially in patients with **malignancy** (e.g., colon cancer) or **immunosuppression**, is most commonly caused by ***Clostridium septicum***.
- It spreads **hematogenously** from **GI lesions** and causes **rapid soft tissue infection** without trauma.

Incorrect choices:

- **A. *Clostridium perfringens*:**
Most common cause of **traumatic gas gangrene**, not spontaneous.
- **B. *Clostridium tetani*:**
Causes **tetanus**, not gas gangrene.
- **C. *Clostridium difficile*:**
Causes **antibiotic-associated colitis**, not soft tissue infections.

KEY EXAM INFO:

Clostridium septicum is classically associated with **spontaneous gas gangrene**, especially in patients with **colorectal or hematologic malignancies**.





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Q.77 Which of the following best characterizes the clinical presentation of nephritic syndrome?

- A. Oliguria and hypertension
- B. Hematuria and hypertension
- C. Proteinuria and hypoalbuminemia
- D. Polyuria and hyperkalemia

Correct answer: B. Hematuria and hypertension

Explanation (very concise):

Nephritic syndrome is classically characterized by:

- **Hematuria** (often with RBC casts)
- **Hypertension**
- **Oliguria**
- **Mild to moderate proteinuria**
- **Edema**

These findings result from **glomerular inflammation** and reduced glomerular filtration rate.

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Incorrect choices:

- **A. Oliguria and hypertension:**
Partially correct, but **hematuria** is a hallmark feature and more defining.
- **C. Proteinuria and hypoalbuminemia:**
Characteristic of **nephrotic syndrome**, not nephritic.
- **D. Polyuria and hyperkalemia:**
Not features of nephritic syndrome.

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Q.78 Which viral infection has the highest likelihood of progressing to chronic liver disease?
A. Hepatitis A

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- B. Hepatitis B
- C. Hepatitis C
- D. Hepatitis E

Correct answer: C. Hepatitis C

Explanation (very concise):

- **Hepatitis C virus (HCV)** has the **highest risk of chronicity** among hepatitis viruses.
- **~85%** of acute HCV infections progress to **chronic hepatitis**, which can lead to **cirrhosis and hepatocellular carcinoma**.

Incorrect choices:

- **A. Hepatitis A:**
Always **acute and self-limited**; no chronic phase.
- **B. Hepatitis B:**
Chronic in **~5% of adults**; **much higher in infants** (~90%).
- **D. Hepatitis E:**
Usually **acute**; chronic course is **rare** and mainly seen in **immunosuppressed patients**.

Q.79 A 52-year-old woman presents to the breast clinic with a 3 cm firm, movable mass in the upper outer quadrant of the left breast. Axillary lymph nodes are not palpable. What is the most appropriate next step in management?

- A. Fine-needle aspiration cytology (FNAC)
- B. Mammography with excisional biopsy
- C. Observe and ask patient for follow-up
- D. Refer to oncologist and immediately perform biopsy

Correct answer: A. Fine-needle aspiration cytology (FNAC)

Explanation

- A **palpable breast mass** in a woman aged ≥ 30 warrants **triple assessment**:
 1. **Clinical breast exam**
 2. **Imaging** (mammography \pm ultrasound)
 3. **Tissue diagnosis** — often initiated with **FNAC or core needle biopsy**
- FNAC is **minimally invasive**, quick, and useful for initial cytologic evaluation.
- If imaging and clinical features suggest malignancy, **core needle biopsy** may follow.

Incorrect choices:

- **B. Mammography with excisional biopsy:**
Imaging is correct, but **excisional biopsy is not first-line** unless prior testing is inconclusive.
- **C. Observe and follow-up:**
Not appropriate for **women ≥ 30** with a palpable mass; must be **evaluated immediately**.
- **D. Immediate biopsy and referral:**
Biopsy is indicated only **after imaging**; early oncology referral depends on pathology.

Q.80 A 34-year-old G3P2 woman at 8 weeks of gestation presents with vaginal bleeding and passage of blood clots. On examination, the cervical os is open and partial products of conception are seen. What



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is the most likely diagnosis?

- A. Incomplete abortion
- B. Complete abortion
- C. Missed abortion
- D. Inevitable abortion

Correct Choice: A

An **incomplete abortion** is characterized by:

- **Partial expulsion of products of conception (POC)** before 20 weeks' gestation.
- **Vaginal bleeding.**
- **Dilated cervical os.**
- **Retained POC** within the cervical canal or uterus.

In the clinical case:

- The patient is at 8 weeks' gestation.
- She presents with **vaginal bleeding and passage of clots.**
- The **cervical os is open**, and **some POC are still visible**, indicating incomplete expulsion.

This constellation of findings best fits the definition of **incomplete abortion**.

Incorrect choices (very concise):

- **B. Complete abortion:**
All products expelled; **cervical os closed**, uterus empty.
- **C. Missed abortion:**
Fetal demise **without expulsion**; **no bleeding**, os closed.
- **D. Inevitable abortion:**
Bleeding with **open os**, **no expulsion yet**; products still **intrauterine**.

Q.81 A 34-year-old primigravida at 10 weeks gestation presents with vaginal bleeding and right lower abdominal pain. Ultrasound reveals a 3 cm fetal mass consistent with ectopic pregnancy and no fetal cardiac activity. What is the most appropriate treatment?

- A. Methotrexate
- B. Salpingectomy
- C. Suction evacuation
- D. Surgical laparotomy

Correct Option: A. Methotrexate



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Ectopic pregnancy	
Risk factors	<ul style="list-style-type: none"> • Previous ectopic pregnancy • Previous pelvic/tubal surgery • Pelvic inflammatory disease
Clinical features	<ul style="list-style-type: none"> • Abdominal pain, amenorrhea, vaginal bleeding • Hypovolemic shock in ruptured ectopic pregnancy • Cervical motion, adnexal &/or abdominal tenderness • ± Palpable adnexal mass
Diagnosis	<ul style="list-style-type: none"> • Positive hCG • Transvaginal ultrasound revealing adnexal mass, empty uterus
Management	<ul style="list-style-type: none"> • Stable: methotrexate • Unstable: surgery



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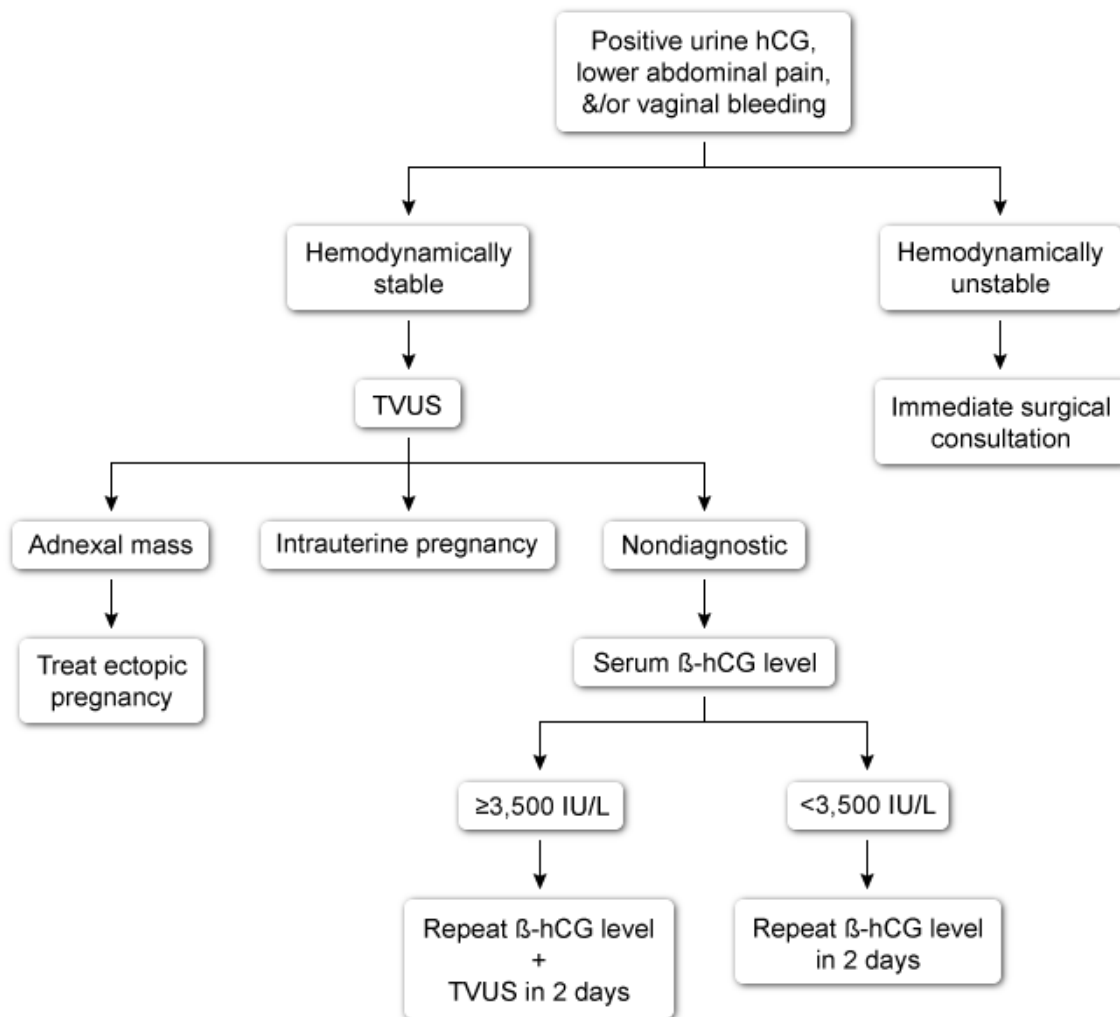
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Management of suspected ectopic pregnancy



TVUS = transvaginal ultrasound.

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Explanation:

The patient is hemodynamically stable, with a small ectopic mass (<3.5 cm), no fetal cardiac activity, and no rupture—meeting criteria for **medical management with methotrexate**, which is the **first-line treatment** in uncomplicated ectopic pregnancies.

Incorrect Options:

- **B. Salpingectomy** – Surgical option, usually reserved for ruptured ectopic pregnancies, failed methotrexate, or large masses.
- **C. Suction evacuation** – Used for intrauterine pregnancies (e.g., incomplete abortion), **not** ectopic ones.
- **D. Surgical laparotomy** – Indicated in unstable patients with suspected rupture; this patient is stable.



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Q.82 A Double J (DJ) stent is commonly used in which of the following surgical specialties?

- A. Ureteroscopy
- B. Neurology
- C. Cardiology
- D. Gastroenterology

Correct Answer: A. Ureteroscopy

Explanation:

A Double J (DJ) stent is used in **urology**, particularly during or after **ureteroscopy** to ensure ureteral drainage and prevent obstruction due to edema or stone fragments.

Incorrect Options:

- **B. Neurology** – Unrelated; no use for ureteral stents.
- **C. Cardiology** – Uses vascular stents, not ureteral ones.
- **D. Gastroenterology** – May use stents (e.g., esophageal, biliary), but not DJ stents.

Q.83 What forms the posterior boundary of the epiploic (Winslow's) foramen?

- A. Liver
- B. Inferior vena cava (IVC)
- C. Duodenum
- D. Portal vein

Correct Answer: B. Inferior vena cava (IVC)

Explanation:

The **epiploic (Winslow's) foramen** is an opening connecting the greater and lesser sacs of the peritoneal cavity. Its **posterior boundary** is formed by the **inferior vena cava (IVC)**.

Incorrect Options:

- **A. Liver** – Forms the **superior** boundary.
- **C. Duodenum** – Forms the **inferior** boundary.
- **D. Portal vein** – Lies **anteriorly** within the hepatoduodenal ligament.

Q.84 A patient presents with an adducted and medially rotated arm after trauma. What is the most likely diagnosis?

- A. Anterior shoulder dislocation
- B. Posterior shoulder dislocation
- C. Medial shoulder dislocation
- D. Lateral shoulder dislocation

Correct Answer: B. Posterior shoulder dislocation

Explanation:

Posterior shoulder dislocation is typically associated with an **adducted and internally (medially) rotated arm**. It is rare but often occurs after seizures, electric shocks, or trauma.

Incorrect Options:

- **A. Anterior dislocation** – Presents with an **abducted and externally rotated** arm; most common type.
- **C. Medial dislocation** – Not a standard classification of shoulder dislocation.

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- **D. Lateral dislocation** – Not anatomically accurate; dislocations are described as anterior, posterior, or inferior.



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Q.85 What is the most common type of shoulder joint dislocation?

- A. Anterior
- B. Lateral
- C. Posterior
- D. Inferior

Correct Answer: A. Anterior

Explanation:

Anterior shoulder dislocation is by far the most common type, accounting for >95% of all shoulder dislocations. It usually results from trauma involving abduction and external rotation.

Incorrect Options:

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- **B. Lateral** – Not an anatomical classification of dislocation.
- **C. Posterior** – Rare (<4%), often related to seizures or electric shocks.
- **D. Inferior** – Very rare (<1%), typically caused by hyperabduction.

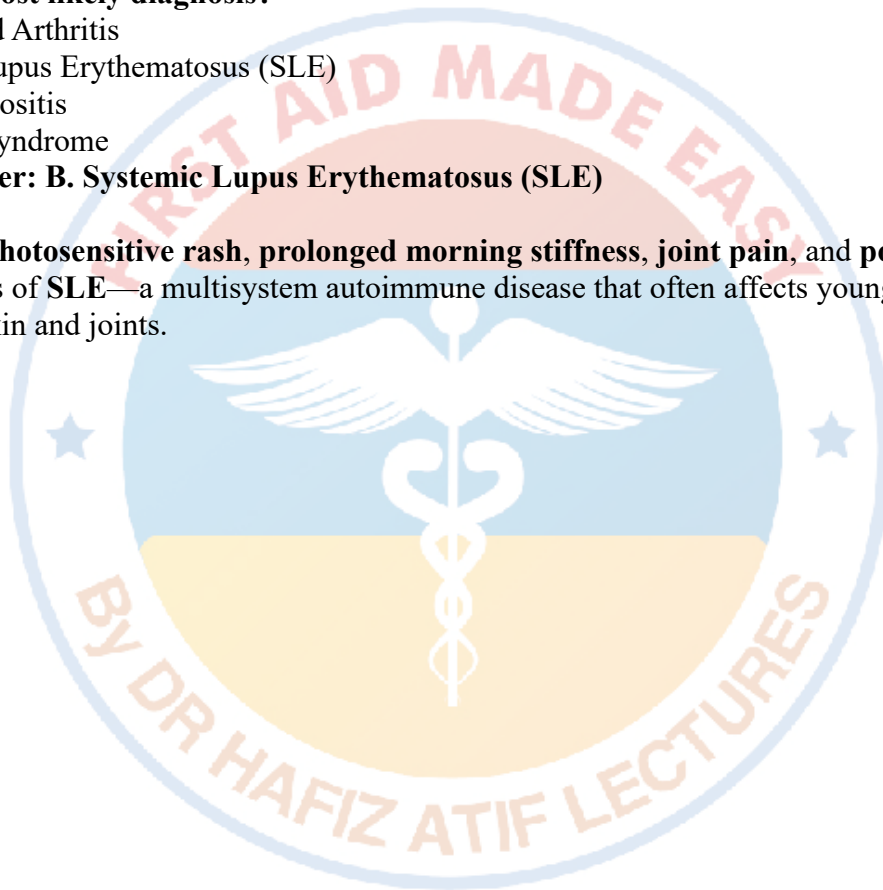
Q.86 A woman in her 20s with a known history of joint pain presents with morning stiffness lasting for hours and a rash that worsens with sun exposure. Her lab tests show a positive ANA. What is the most likely diagnosis?

- A. Rheumatoid Arthritis
- B. Systemic Lupus Erythematosus (SLE)
- C. Dermatomyositis
- D. Sjögren's Syndrome

Correct Answer: B. Systemic Lupus Erythematosus (SLE)

Explanation:

The patient's **photosensitive rash**, **prolonged morning stiffness**, **joint pain**, and **positive ANA** are classic features of **SLE**—a multisystem autoimmune disease that often affects young women and involves the skin and joints.





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LUPUS	
Path:	Autoimmune, Complex Formation
Pt:	Women > Men Blacks > Whites
Pt:	<div>Malar Rash</div> <div>Discoid Rash</div> <div>Serositis</div> <div>Oral Ulcers</div> <div>Arthritis</div> <div>Photosensitivity</div> <div>Blood</div> <div>Renal Failure</div> <div>ANA</div> <div>Immunologic</div> <div>Neurology</div>
Dx:	<div>1st ANA</div> <div>Then: ds-DNA</div> <div>- Anti-smith</div> <div>- Anti-Histone (drug induce)</div> <div>Lupus Nephritis</div> <div>- U/A → Bx Kidney</div> <div>Flare</div> <div>- Compliment Levels ↓ in flare</div> <div>- Compliment levels ↑ in infection</div>
Tx:	<div>Reduce flares: Hydroxychloroquine</div> <div>Control symptoms: NSAIDs</div> <div>Flare: Prednisone</div> <div>Severe: Cyclophosphamide</div> <div>Nephritis: Cyclophosphamide</div>

Incorrect Options:

- A. Rheumatoid Arthritis – Involves joint stiffness but lacks photosensitivity and typical rashes.



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- **C. Dermatomyositis** – Can involve a photosensitive rash but typically includes muscle weakness more prominently than joint pain.
- **D. Sjögren's Syndrome** – Causes dry eyes/mouth; not commonly associated with photosensitivity or a malar rash.

Disclaimer:

We sincerely apologize and acknowledge that we could not obtain the complete question stem. Based on the available information, the most appropriate choice has been selected to the best of our judgment. This response should be interpreted with caution and does not substitute a definitive answer in the absence of the full context.

Q.87 A patient presents with an eye injury caused by acid exposure. What is the most appropriate immediate management step?

- A. Patch the eye and observe
- B. Neutralize the acid with an alkaline solution
- C. Immediate copious irrigation with normal saline or water
- D. Refer to ophthalmology without intervention

Correct Answer: C. Immediate copious irrigation with normal saline or water

Explanation:

Immediate, large-volume irrigation is the most critical step in managing acid (or alkali) eye injuries. It should be started as soon as possible—even before a full assessment—to prevent irreversible ocular damage.

Incorrect Options:

- **A. Patch the eye and observe** – Delays essential irrigation; inappropriate in chemical burns.
- **B. Neutralize the acid with an alkaline solution** – Contraindicated due to risk of exothermic reactions and further injury.
- **D. Refer to ophthalmology without intervention** – Ophthalmology should be consulted, but not before irrigation is initiated.

Q.88 A football player was hit on the nose during a match. He briefly lost consciousness, then regained it, but began feeling dizzy two hours later. What is the most likely diagnosis?

- A. Subarachnoid hemorrhage (SAH)
- B. Extradural (epidural) hematoma
- C. Subdural hematoma
- D. Scalp hematoma

Correct Option: B

Epidural Hematoma

Pathogenesis	Trauma to the sphenoid bone with tearing of the middle meningeal artery .
Clinical Features	<ul style="list-style-type: none">- Brief loss of consciousness, followed by a lucid interval.- Hematoma expansion leads to:<ul style="list-style-type: none">- ↑ Intracranial pressure (impaired consciousness, headache, nausea/vomiting).- Uncal herniation: ipsilateral pupillary dilation and contralateral hemiparesis.



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Diagnosis	CT scan of the head: biconvex (lens-shaped) hyperdensity that does not cross suture lines .
Treatment	Urgent surgical evacuation for symptomatic patients.

Explanation:

- **Epidural hematoma (EDH)** classically presents with an initial **loss of consciousness**, followed by a **lucid interval** (brief period of recovery) and then rapid deterioration due to expanding hematoma and increased intracranial pressure. This is a hallmark of **EDH**, especially when associated with skull fractures, commonly caused by trauma.

Why the other options are less likely:

- **C. Subdural hematoma (SDH)**: While SDH can cause rapid deterioration, it usually progresses more gradually compared to EDH, and the lucid interval is less common.
- **A. Subarachnoid hemorrhage (SAH)**: Typically presents with **severe headache**, "thunderclap" headache, and signs of meningeal irritation, which is not described here.
- **D. Scalp Hematoma**: This typically presents with swelling and bruising on the scalp, but does not cause the rapid neurological decline seen in the described scenario.



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Q.89 The sternal angle (Angle of Louis) corresponds to which thoracic vertebral level?

A. T1

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- B. T2
- C. T3
- D. T4

Correct Answer: D. T4

Explanation:

The **sternal angle (Angle of Louis)** corresponds to the level of:

- **2nd costal cartilage**
- **Intervertebral disc between T4 and T5**

It also marks several anatomical landmarks, including the **tracheal bifurcation** and **beginning of the aortic arch**.

Incorrect Options:

- **A. T1 / B. T2 / C. T3** – All lie superior to the sternal angle and are not aligned with its clinical surface landmarking utility.

Q.90 Which of the following cells exhibit **amoeboid locomotion** in the human body?

- A. B lymphocytes
- B. Fibroblasts
- C. Hepatocytes
- D. Platelets

Correct Answer: B. Fibroblasts

Explanation:

Fibroblasts exhibit **amoeboid locomotion** facilitated by **actin filaments** and motor proteins like **myosin**, enabling them to migrate through connective tissue during processes such as wound healing and inflammation.

Incorrect Options:

- **A. B lymphocytes** – While motile in the bloodstream and lymph, they primarily rely on chemotaxis, not classic amoeboid movement.
- **C. Hepatocytes** – These are stationary, structural liver cells and do not migrate.
- **D. Platelets** – Involved in clot formation, they do not exhibit amoeboid locomotion.

Q.91 Maple syrup urine disease is characterized by the accumulation of which amino acid(s)?

- A. Methionine
- B. Phenylalanine
- C. Branched-chain amino acids
- D. Tryptophan

Correct Answer: C. Branched-chain amino acids

Explanation:

Maple syrup urine disease (MSUD) is caused by a deficiency in the enzyme complex **branched-chain α -ketoacid dehydrogenase**, leading to accumulation of the **branched-chain amino acids (BCAAs)**:

- **Leucine**
- **Isoleucine**
- **Valine**

These amino acids and their toxic metabolites accumulate, causing **neurologic damage** and **sweet-smelling urine**.



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Incorrect Options:

- A. Methionine – Accumulates in homocystinuria.
- B. Phenylalanine – Accumulates in phenylketonuria (PKU).
- D. Tryptophan – Involved in Hartnup disease, not MSUD.



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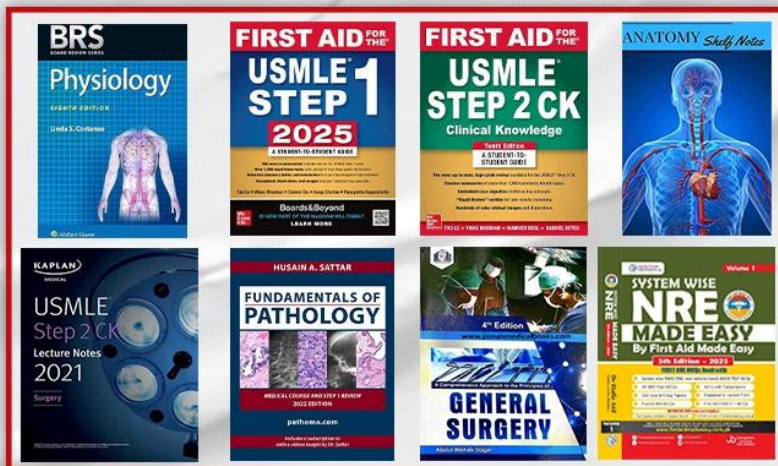
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Q.92 Which component predominantly proliferates in fibroadenoma of the breast?

- A. Ductal epithelial hyperplasia
- B. Lobular acinar growth
- C. Stromal growth
- D. Glandular growth

Correct Answer: C. Stromal growth

Explanation:

Fibroadenoma is a benign breast tumor characterized predominantly by the **proliferation of stromal components**, which enclose and compress epithelial structures. The stromal overgrowth is what distinguishes it histologically.

Incorrect Options:

- **A. Ductal epithelial hyperplasia** – Seen in proliferative breast diseases, not the dominant feature in fibroadenomas.
- **B. Lobular acinar growth** – Associated with lobular lesions, not fibroadenomas.
- **D. Glandular growth** – May be present, but is **secondary** to the stromal proliferation.

Q.93 A child presents with night sweats, low-grade fever, chronic cough, and palpable cervical lymphadenopathy. What is the most likely diagnosis?

- A. Tuberculosis
- B. Infectious mononucleosis
- C. Bronchitis
- D. Lymphoma

Correct Answer: A. Tuberculosis

Explanation:

The combination of **chronic cough, low-grade fever, night sweats, and cervical lymphadenopathy** in a child is most suggestive of **tuberculosis (TB)**. TB lymphadenitis is a common extrapulmonary manifestation in children.

Incorrect Options:

- **B. Infectious mononucleosis** – May present with fever and lymphadenopathy, but **not typically chronic cough or night sweats**.
- **C. Bronchitis** – Usually acute, not associated with **lymphadenopathy** or systemic symptoms like night sweats.
- **D. Lymphoma** – Can mimic TB, but less likely without **weight loss, persistent unexplained lymphadenopathy, or mass lesions** on imaging.

Q.94 A 3-year-old child presents with fever, dysuria. Urinalysis reveals numerous pus cells and red blood cells. What is the most likely diagnosis?

- A. UTI
- B. PUV
- C. Acute glomerulonephritis
- D. Cystitis

Correct Answer: A. UTI

Explanation:

The presence of **fever, dysuria, pyuria (pus cells), and hematuria (RBCs)** in a 3-year-old strongly suggests a **urinary tract infection (UTI)**—the **most common bacterial infection** in this age group. Diagnosis is supported by urinalysis and urine culture.



Incorrect Options:

- **B. PUV (Posterior Urethral Valves)** – Can predispose to UTIs but would not be the primary diagnosis without evidence of obstruction or structural anomaly.
- **C. Acute glomerulonephritis** – Typically presents with hematuria, proteinuria, and hypertension, but **not pyuria or dysuria**.
- **D. Cystitis** – A subtype of UTI, but in children, **UTI** is the broader and more appropriate diagnosis without further localization.

Q.95 A 29-year-old woman presents to the diabetes clinic. Her fasting blood glucose is 200 mg/dL, and her 2-hour OGTT result is 240 mg/dL. What is the most appropriate initial treatment?

- A. Insulin
- B. Metformin
- C. Glibenclamide
- D. Pioglitazone

Correct Answer: B. Metformin

Explanation:

In **type 2 diabetes mellitus**, **metformin** is the recommended **first-line initial treatment** for most patients. The diagnosis is confirmed by:

- Fasting blood glucose ≥ 126 mg/dL
- 2-hour OGTT ≥ 200 mg/dL

The patient is stable and has no evidence of a hyperglycemic crisis, making **oral therapy appropriate**.

Incorrect Options:

- **A. Insulin** – Reserved for marked hyperglycemia (e.g., glucose ≥ 300 mg/dL or HbA1c $> 10\%$) or catabolic features.
- **C. Glibenclamide** – A sulfonylurea; **not first-line** due to risk of hypoglycemia.
- **D. Pioglitazone** – A thiazolidinedione; **not first-line** due to side effects (e.g., fluid retention, fracture risk).

Q.96 A 50-year-old male presents with abdominal pain, nausea, vomiting, weight loss, , ascites and a palpable mass in the right upper quadrant. His serum alpha-fetoprotein (AFP) levels are elevated. What is the most likely diagnosis?

- A. Hepatocellular carcinoma (HCC)
- B. Liver cirrhosis
- C. Primary Billiary Cirrhosis
- D. Metastatic carcinoma

Correct Answer: A. Hepatocellular carcinoma (HCC)

Explanation:

This patient's presentation—**abdominal pain, weight loss, ascites, right upper quadrant mass**, and especially **elevated alpha-fetoprotein (AFP)**—is highly indicative of **hepatocellular carcinoma**, the most common primary liver cancer. Elevated AFP is a classic tumor marker for HCC.

Incorrect Options:

- **B. Liver cirrhosis** – Often a predisposing condition for HCC, but does not typically elevate AFP on its own or present with a palpable mass.
- **C. Primary biliary cirrhosis** – An autoimmune liver disease more common in women; not associated with AFP elevation or a mass.



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- **D. Metastatic carcinoma** – Can affect the liver, but AFP is not typically elevated unless the metastasis is from AFP-secreting tumors (e.g., yolk sac tumors).
-

Q.97 Pericardiocentesis is used to treat which of the following conditions?

- A. Cardiac tamponade
- B. Tension pneumothorax
- C. Pericarditis
- D. Myocardial infarction

Correct Answer: A. Cardiac tamponade

Explanation:

Pericardiocentesis is a life-saving procedure used to **urgently drain pericardial fluid** in **hemodynamically unstable patients with cardiac tamponade**. It relieves pressure on the heart and restores normal function.

Incorrect Options:

- **B. Tension pneumothorax** – Requires immediate needle decompression, **not** pericardiocentesis.
 - **C. Pericarditis** – Typically treated with **NSAIDs and colchicine**, not fluid drainage unless effusion is present and significant.
 - **D. Myocardial infarction** – Managed with **antiplatelets, revascularization**, and supportive care—not pericardiocentesis.
-



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Q.98 A 26-year-old breastfeeding woman presents with drooping of the eyelids and generalized muscle weakness that worsens throughout the day and improves with rest. What is the drug used to treat this condition?

- A. Neostigmine
- B. Corticosteroids
- C. Botulinum toxin
- D. Diazepam

Correct Answer: A. Neostigmine

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Explanation:

The described symptoms—**ptosis, generalized fatigue worsening with activity, and improvement with rest**—are classic for **myasthenia gravis**. In **breastfeeding women, cholinesterase inhibitors** are considered safe and are the **first-line therapy**. While **pyridostigmine** is preferred, **neostigmine** is also a valid option, especially when pyridostigmine is unavailable.

Myasthenia gravis	
Clinical presentation	<ul style="list-style-type: none">• Fluctuating & fatigable proximal muscle weakness:<ul style="list-style-type: none">◦ Ocular (eg, diplopia, ptosis)◦ Bulbar (eg, dysphagia, dysarthria)◦ Respiratory (myasthenic crisis)
Causes of exacerbations	<ul style="list-style-type: none">• Medications: antibiotics (eg, fluoroquinolones, aminoglycosides), neuromuscular blocking agents, cardiac medications (eg, BBs), MgSO₄, penicillamine• Physiologic stress: pregnancy/childbirth, surgery (especially thymectomy), infection
Diagnosis	<ul style="list-style-type: none">• Ice pack test (bedside), AChR-Ab (highly specific)• CT scan of chest (thymoma)
Treatment	<ul style="list-style-type: none">• AChE inhibitors (eg, pyridostigmine) ± immunotherapy (eg, corticosteroids, azathioprine)• Thymectomy

Incorrect Options:

- **B. Corticosteroids** – Used in moderate to severe cases or when symptoms are not well controlled with cholinesterase inhibitors, but not first-line due to potential side effects and risk of myasthenic crisis at initiation.
- **C. Botulinum toxin** – Causes neuromuscular blockade; **contraindicated** in MG.
- **D. Diazepam** – A muscle relaxant that can **worsen MG symptoms** and is not a treatment.

Q.99 A 40-year-old man presents with a chronic cough, low-grade fever, night sweats, and weight loss for the past 3 months. Chest X-ray reveals upper lobe infiltrates with cavitation. Sputum AFB smear is positive for *Mycobacterium tuberculosis*. What type of



hypersensitivity reaction is primarily involved in the pathogenesis of tuberculosis (TB)?

- A. Type I hypersensitivity
- B. Type II hypersensitivity
- C. Type III hypersensitivity
- D. Type IV hypersensitivity

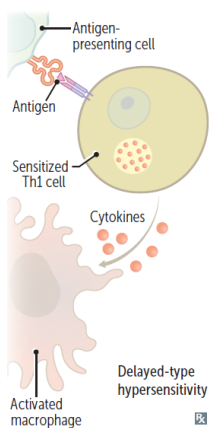
Correct Choice: D

Explanation:

Tuberculosis is primarily mediated by a **Type IV hypersensitivity reaction** (delayed-type, cell-mediated). Upon infection with *Mycobacterium tuberculosis*, **Th1 cells** activate **macrophages** through **IFN- γ** , leading to **granuloma formation and caseating necrosis**—a hallmark of TB pathology.

Type IV

hypersensitivity



Two mechanisms, each involving T cells:

1. Direct cell cytotoxicity: CD8+ cytotoxic T cells kill targeted cells.
2. Inflammatory reaction: effector CD4+ T cells recognize antigen and release inflammation-inducing cytokines (shown in illustration).

Response does not involve antibodies (vs types I, II, and III).

Examples:

- Contact dermatitis (eg, poison ivy, nickel allergy)
- Drug reaction with eosinophilia and systemic symptoms (DRESS)
- Graft-versus-host disease

Tests: PPD for TB infection; patch test for contact dermatitis; *Candida* skin test for T cell immune function.

4T's: **T** cells, **T**ransplant rejections, **T**B skin tests, **T**ouching (contact dermatitis).

Fourth (type) and **last** (delayed).

Incorrect Options:

- **A. Type I hypersensitivity** – IgE-mediated; involved in allergies and anaphylaxis.
- **B. Type II hypersensitivity** – Antibody-mediated cytotoxicity; seen in autoimmune hemolytic anemia, etc.
- **C. Type III hypersensitivity** – Immune complex-mediated; associated with diseases like SLE and serum sickness.

Q.100 Damage to which area of the brain would most likely result in expressive aphasia?

- A. Frontal lobe – Inferior frontal gyrus
- B. Dominant parietal lobe
- C. Occipital lobe
- D. Temporal lobe

Correct Answer: A. Frontal lobe – Inferior frontal gyrus

Explanation:

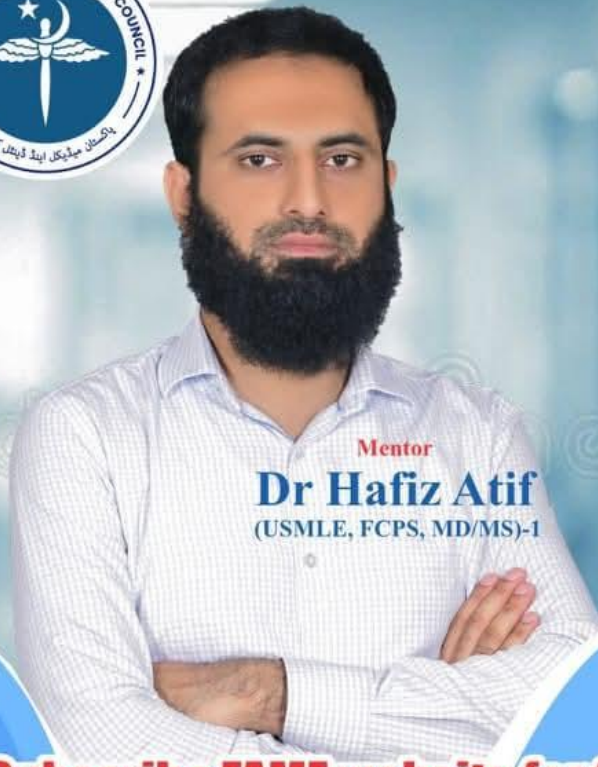
Expressive aphasia (Broca's aphasia) results from damage to the **inferior frontal gyrus** of the **dominant frontal lobe**. This area, known as **Broca's area**, controls the motor aspects of speech production. Patients have **nonfluent, labored speech** with **relatively intact comprehension**.

Incorrect Options:

- **B. Dominant parietal lobe** – Involved in sensory integration; not responsible for speech production.
- **C. Occipital lobe** – Processes visual input; not related to speech.
- **D. Temporal lobe** – Contains Wernicke's area, which affects **language comprehension**, not expression.



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Q.101 A 40-year-old male presents with unilateral leg swelling, pain, and tenderness. Doppler ultrasound confirms the presence of a deep vein thrombosis (DVT). What is the initial treatment of choice?

- A. Low molecular weight heparin (LMWH)
- B. Warfarin
- C. Unfractionated heparin
- D. Antiplatelet agents

Correct Answer: A. Low molecular weight heparin (LMWH)

Explanation:

LMWH is the initial treatment of choice for most patients with deep vein thrombosis (DVT) due to

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its **predictable pharmacokinetics**, **lower bleeding risk**, and **no need for routine monitoring**. It is often used as a bridge to long-term oral anticoagulation or as sole therapy in some settings.

Incorrect Options:

- **B. Warfarin** – Used for long-term anticoagulation but requires **5–7 days of overlap** with a parenteral anticoagulant (like LMWH) until therapeutic INR is achieved.
- **C. Unfractionated heparin** – Reserved for hospitalized patients with high bleeding risk or renal impairment due to need for **continuous IV infusion and aPTT monitoring**.
- **D. Antiplatelet agents** – Ineffective for treating DVT; they are used primarily for arterial thrombosis.

Q.102 Deficiency of which vitamin can lead to macrocytic anemia with elevated homocysteine levels?

- A. Vitamin B1 (Thiamine)
- B. Vitamin B6 (Pyridoxine)
- C. Vitamin B9 (Folate)/Vit B12
- D. Vitamin C

Correct Answer: C. Vitamin B9 (Folate)/Vit B12

Explanation:

Macrocytic (megaloblastic) anemia with elevated homocysteine is most commonly caused by **vitamin B12 or folate (vitamin B9) deficiency**.

- **Both deficiencies** impair the remethylation of homocysteine to methionine, leading to **elevated homocysteine levels**.
- Only **vitamin B12 deficiency** also raises **methylmalonic acid** levels.

Incorrect Options:

- **A. Vitamin B1 (Thiamine)** – Associated with neurological syndromes like Wernicke-Korsakoff, not anemia.
- **B. Vitamin B6 (Pyridoxine)** – Involved in heme synthesis, but its deficiency leads to **sideroblastic anemia**, not macrocytic.
- **D. Vitamin C** – Important in iron absorption; its deficiency leads to **scurvy**, not macrocytic anemia.

Q.103 Which of the following drugs is used in the treatment of gout by increasing uric acid excretion (uricosuric effect)?

- A. Allopurinol
- B. Febuxostat
- C. Probenecid
- D. Colchicine

Correct Option: C. Probenecid

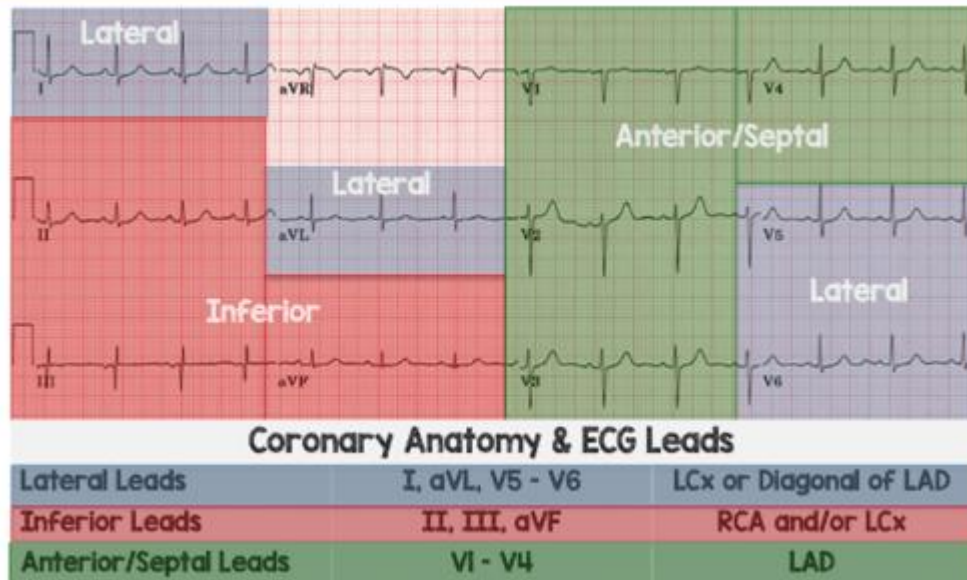
Probenecid is a **uricosuric agent** used in the treatment of chronic gout. It increases the excretion of uric acid by inhibiting its reabsorption in the renal proximal convoluted tubules, thereby lowering serum uric acid levels. It is considered a second-line option for urate-lowering therapy, typically used when xanthine oxidase inhibitors like allopurinol are not tolerated or effective.



Q.104 A patient presents with chest pain. ECG shows ST elevation in leads II, III, and aVF. What is the most likely diagnosis?

- A. Anterior wall myocardial infarction
- B. Lateral wall myocardial infarction
- C. Inferior wall myocardial infarction
- D. Posterior wall myocardial infarction

Correct Answer: C. Inferior wall myocardial infarction



Explanation:

ST elevation in leads II, III, and aVF on ECG indicates an **inferior wall myocardial infarction**, typically due to occlusion of the **right coronary artery (RCA)** or, less commonly, the **left circumflex artery**.

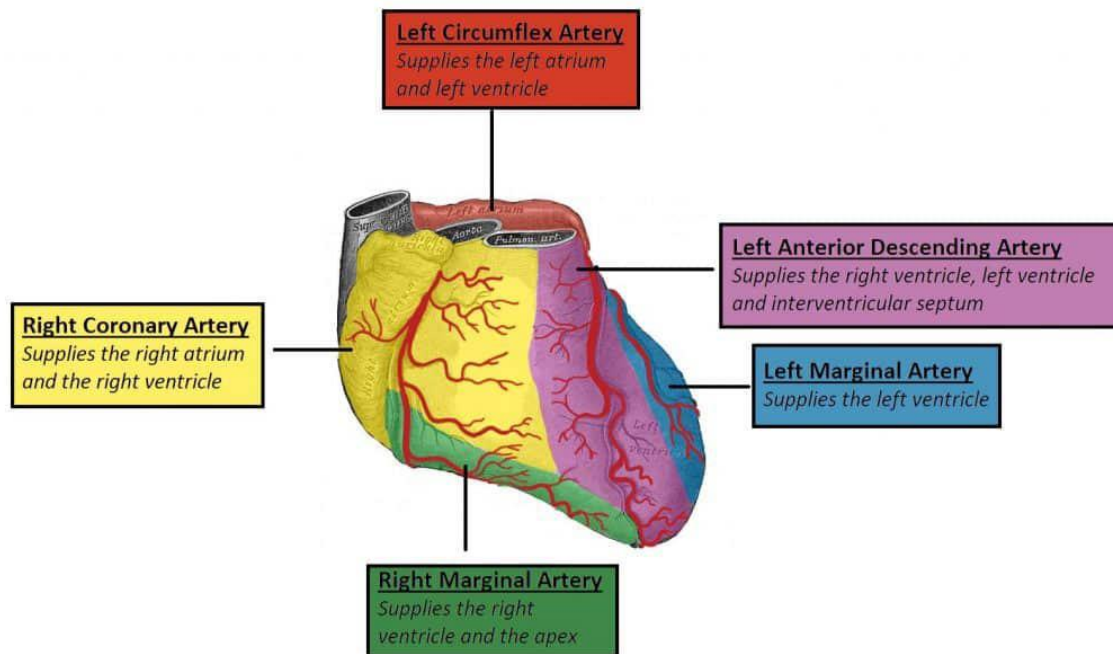
Incorrect Options:

- **A. Anterior wall MI** – ST elevation in leads V1–V4
- **B. Lateral wall MI** – ST elevation in leads I, aVL, V5–V6
- **D. Posterior wall MI** – Usually shows ST depression in V1–V3, with possible reciprocal changes



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Q.105 A pregnant woman presents with vaginal bleeding, an open cervix, and no fetal heart activity on ultrasound. The amniotic sac is empty. What is the most appropriate next step in management?

- A. Expectant management
- B. Administer tocolytics
- C. Evacuation of uterus
- D. Start progesterone therapy

Correct Option: C. Evacuation of uterus

Explanation:

The clinical picture describes a **missed abortion**—a type of early pregnancy loss characterized by:

- **Vaginal bleeding**
- **Open cervical os**
- **Absence of fetal heart activity**
- **Empty gestational sac on ultrasound**

In a stable patient, **management options** for missed abortion include:

- **Expectant management** (watchful waiting)
- **Medical evacuation** (e.g., misoprostol ± mifepristone)
- **Surgical evacuation** (e.g., vacuum aspiration or dilation and curettage)

Given the open cervix and confirmed fetal demise, **surgical evacuation** is typically preferred for its immediacy and completeness.

Incorrect Options (Concise):

- **A. Expectant management** – Slower, less reliable; not ideal with open cervix and fetal demise.
- **B. Administer tocolytics** – Used to prevent preterm labor, not indicated in fetal demise.

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- **D. Start progesterone therapy** – Used to support early pregnancy, not after confirmed loss.

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Q.106 A "soap bubble" appearance on X-ray is classically seen in which of the following bone tumors?

- A. Osteosarcoma
- B. Ewing sarcoma
- C. Giant cell tumor
- D. Osteochondroma

Correct Answer: C. Giant cell tumor

Explanation:

A "soap bubble" appearance on X-ray—multicystic, osteolytic lesions—is classically associated with a **giant cell tumor** (osteoclastoma), typically located at the **epiphysis of long bones**, often around the knee.

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Incorrect Options (Concise):

- **A. Osteosarcoma** – Shows **sunburst** periosteal reaction or **Codman triangle**, not soap bubble.



- **B. Ewing sarcoma** – Shows **onion-skin (lamellated)** periosteal reaction, typically in diaphysis.
- **D. Osteochondroma** – Appears as **pedunculated or sessile exostosis**, not lytic or bubbly.

Q.107 A patient presents with jaundice. Lab shows elevated conjugated (direct) bilirubin, while ALT, AST, and ALP are within normal limits. What is the most likely underlying cause?

- A. Viral hepatitis
- B. Hemolytic anemia



- C. Bile duct obstruction/stone
- D. Gilbert syndrome

Correct Answer: C. Bile duct obstruction/stone

Explanation:

Isolated elevation of conjugated (direct) bilirubin with **normal ALT, AST, and ALP** is unusual, but **early bile duct obstruction** (e.g., from a stone) can initially present this way **before enzyme levels rise**. It's a classic cause of **direct hyperbilirubinemia**.

Incorrect Options (Concise):

- **A. Viral hepatitis** – Typically causes **elevated ALT/AST** from hepatocellular injury.
- **B. Hemolytic anemia** – Causes **unconjugated** (indirect) hyperbilirubinemia.
- **D. Gilbert syndrome** – Also causes **unconjugated** bilirubin elevation.

Q.108 A 3 cm firm, mobile mass is noted in the parotid region of a patient who also reports ear pain and mild difficulty in chewing. The facial nerve is intact, and the mass appears free from underlying tissue. What is the most appropriate surgical management?

- A. Radical parotidectomy with facial nerve sacrifice
- B. Enucleation only
- C. Complete excision preserving the facial nerve
- D. Observation and follow-up
- E. Superficial parotidectomy

Correct Option: E. Superficial parotidectomy

Explanation:

The patient likely has a **benign parotid tumor** (most commonly **pleomorphic adenoma**) based on:

- **Firm, mobile mass**
- **Intact facial nerve**
- **No fixation to underlying tissue**

The **treatment of choice** is **superficial parotidectomy** to ensure **complete tumor removal** and reduce the risk of recurrence, while **preserving the facial nerve**.

Incorrect Options (Concise):

- **A. Radical parotidectomy** – Indicated only for **malignant tumors** with **facial nerve involvement**.
- **B. Enucleation** – Associated with **high recurrence** due to incomplete excision.
- **C. Complete excision preserving facial nerve** – Vague; doesn't specify appropriate superficial approach.
- **D. Observation and follow-up** – Not appropriate for solid parotid tumors due to risk of **malignant transformation**

Q.109 A patient presents with resting tremor, bradykinesia, muscular rigidity, and postural instability. What is the most likely diagnosis?

- A. Essential tremor
- B. Alzheimer
- C. Parkinson disease
- D. Huntington

Correct Answer: C. Parkinson disease



Explanation:

The classic signs — **resting tremor**, **bradykinesia**, **muscular rigidity**, and **postural instability** — define **Parkinson disease**, a neurodegenerative disorder of the **basal ganglia**, particularly the **substantia nigra**.

Incorrect Options (Concise):

- **A. Essential tremor** – Involves **action/postural tremor**, not resting; lacks bradykinesia or rigidity.
- **B. Alzheimer** – Characterized by **memory loss**, not motor features like tremor or rigidity.
- **D. Huntington** – Causes **chorea (involuntary jerky movements)**, not resting tremor or bradykinesia.

Q.110 Which part of the basal ganglia is primarily affected in Parkinson disease?

- A. Caudate nucleus
- B. Putamen
- C. Substantia nigra (pars compacta)
- D. Globus pallidus

Correct Answer: C. Substantia nigra (pars compacta)

Explanation:

Parkinson disease is characterized by the **progressive degeneration of dopaminergic neurons** in the **substantia nigra pars compacta**, a structure in the **midbrain** and part of the **basal ganglia**. This leads to decreased dopamine in the **striatum**, disrupting motor control and producing the classic symptoms of Parkinsonism (bradykinesia, rigidity, resting tremor, postural instability).

Incorrect Options (Concise):

- **A. Caudate nucleus** – Primarily affected in **Huntington disease**.
- **B. Putamen** – Involved in motor circuits but not the primary site of pathology in Parkinson disease.
- **D. Globus pallidus** – Functionally affected in Parkinson's circuits but not the primary site of neuron loss.

Q.111 A woman with a history of pelvic inflammatory disease (PID), oligomenorrhea, and amenorrhea wants contraception. Which of the following is an absolute contraindication to copper IUD insertion?

- A. Amenorrhea
- B. History of oligomenorrhea
- C. History of pelvic infection
- D. Nulliparity

Correct Answer: C. History of pelvic infection

Explanation:

A **history of pelvic inflammatory disease (PID)**—particularly **if active or recent**—is an **absolute contraindication to copper IUD insertion** due to the risk of exacerbating infection and causing upper genital tract complications.

Incorrect Options (Concise):

- **A. Amenorrhea** – Not a contraindication; IUDs can be used regardless of cycle regularity.



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- **B. History of oligomenorrhea** – Not a contraindication to IUD use.
- **D. Nulliparity** – Once considered a relative concern, **now not a contraindication** to IUD placement.

Q.112 In a patient with ascites, the serum-ascites albumin gradient (SAAG) is < 1.1 g/dL. What is the most likely underlying cause?

- A. Cirrhosis
- B. Nephrotic
- C. Peritoneal tuberculosis
- D. Budd-Chiari syndrome

Correct Option: C. Peritoneal tuberculosis

Explanation:

- A SAAG < 1.1 g/dL indicates *non-portal hypertensive ascites*, commonly due to:
 - Peritoneal **tuberculosis**
 - Peritoneal **carcinomatosis**
 - **Pancreatitis**
 - **Chylous ascites** (not cirrhosis-related)

Incorrect choices:

- **A. Cirrhosis:** *Incorrect* – causes **high SAAG** (≥ 1.1 g/dL) due to portal hypertension.
- **B. Nephrotic syndrome:** *Incorrect* – also usually shows **low SAAG**, but ascitic fluid protein is < 2.5 g/dL, not typical of TB.
- **D. Budd-Chiari syndrome:** *Incorrect* – causes **portal hypertension**, thus **high SAAG** (≥ 1.1 g/dL).

Q.113 A young male presents with acute scrotal pain. On physical exam, elevation of the testis does not relieve the pain. What is the most likely diagnosis?

- A. Epididymo-orchitis
- B. Testicular torsion
- C. Varicocele
- D. Hydrocele

Correct Option: B. Testicular torsion

Explanation:

- **Testicular torsion** presents with *acute unilateral scrotal pain*, and **elevation of the testis does not relieve pain** (negative Prehn sign), making it a surgical emergency.

Incorrect choices:

- **A. Epididymo-orchitis:** *Incorrect* – typically has a **positive Prehn sign** (pain improves with elevation).
- **C. Varicocele:** *Incorrect* – presents with chronic, dull ache; *not acute* and usually left-sided with “bag of worms” feel.
- **D. Hydrocele:** *Incorrect* – usually painless scrotal swelling; transilluminates; not associated with acute pain.

Q.114 Linoleic acid is an essential fatty acid important for growth and development. Deficiency of essential fatty acids can lead to which of the following?

- A. Dermatitis
- B. Anemia
- C. Marasmus
- D. Stunted growth



Correct Option: A. Dermatitis

Explanation:

- **Essential fatty acid (EFA) deficiency** leads to:
 - **Dermatitis** (especially dry, scaly skin)
 - **Impaired wound healing**
 - **Alopecia**
 - **Growth retardation** in children (less prominent than dermatitis)

Incorrect choices:

- **B. Anemia:** Not characteristic of EFA deficiency; more linked to iron, B12, or folate deficiencies.
- **C. Marasmus:** Caused by general caloric deficiency, not specific to EFAs.
- **D. Stunted growth:** Possible, but **dermatitis** is a more prominent and early sign.

Q.115 Damage to the hypothalamus primarily affects which of the following functions?

- A. Body temperature
- B. REM sleep
- C. NREM sleep
- D. Short-term memory

Correct Option: A. Body temperature

Explanation:

- The **hypothalamus** plays a central role in **thermoregulation**, primarily via:
 - **Anterior nucleus** → heat dissipation (cooling)
 - **Posterior nucleus** → heat conservation (heating)
- Damage can result in **hyperthermia or hypothermia**.

Incorrect choices:

- **B. REM sleep:** Regulated by the brainstem, particularly the **pons**.
- **C. NREM sleep:** Also primarily brainstem-controlled; **suprachiasmatic nucleus** in the hypothalamus sets circadian rhythm but doesn't directly regulate NREM.
- **D. Short-term memory:** Handled by the **hippocampus** and **mammillary bodies** (Wernicke's encephalopathy), not the broader hypothalamus.

Q.116 Which joint is primarily responsible for the eversion and inversion movements of the foot?

- A. Ankle joint
- B. Subtalar joint
- C. Distal tibiofibular joint
- D. Calcaneocuboid joint

Correct Option: B. Subtalar joint

Explanation:

- The **subtalar joint** (between the talus and calcaneus) is **primarily responsible for inversion and eversion** of the foot.

Incorrect choices:

- **A. Ankle joint:** *Incorrect* – allows dorsiflexion and plantarflexion, not inversion/eversion.
- **C. Distal tibiofibular joint:** *Incorrect* – a syndesmosis that stabilizes the ankle, does not permit inversion/eversion.



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- **D. Calcaneocuboid joint:** *Incorrect* – contributes to lateral foot movement, but not the primary site for inversion/eversion.



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Q.117 The skin of the medial thigh is supplied by the medial cutaneous nerve, which is a branch of which of the following nerves?

A. Femoral nerve

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- B. Hypogastric nerve
- C. Obturator nerve
- D. Deep inguinal nerve

Correct Option: A. Femoral nerve

- The **medial cutaneous nerve of the thigh** is a branch of the femoral nerve and supplies the anterior and medial thigh skin.

Incorrect choices:

- **B. Hypogastric nerve:** Autonomic, no cutaneous supply to thigh.
- **C. Obturator nerve:** Has a small, variable cutaneous branch to **medial thigh**, but **not the medial cutaneous nerve**.
- **D. Deep inguinal nerve:** Not an anatomical nerve.

Q.118 A patient presents with severe bleeding from the lower medial part of the nasal septum. Which artery is most likely involved?

- A. Anterior ethmoidal artery
- B. Superior labial artery
- C. Sphenopalatine artery
- D. Zygomaticotemporal artery

Correct Option: C. Sphenopalatine artery

Explanation:

- Severe bleeding from the **lower medial nasal septum** typically originates in **Kiesselbach's plexus**, which includes:
 - **Sphenopalatine artery** (main supply)
 - Anterior ethmoidal artery
 - Greater palatine artery
 - Superior labial artery

Incorrect choices:

- **A. Anterior ethmoidal artery:** Contributes to Kiesselbach's plexus but less dominant.
- **B. Superior labial artery:** Also contributes, from facial artery; not main source.
- **D. Zygomaticotemporal artery:** Unrelated; supplies the temporal region, not nasal septum.

Q.119 A patient presents with eye redness, watery discharge, and conjunctival congestion following a recent upper respiratory tract infection. What is the most likely diagnosis?

- A. Bacterial conjunctivitis
- B. Adenoviral conjunctivitis
- C. Fungal conjunctivitis
- D. Allergic conjunctivitis

Correct Option: B



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Differentiation of conjunctivitis			
	Viral	Bacterial	Allergic
Eye involvement	Unilateral/Bilateral	Unilateral/Bilateral	Bilateral
Eye "stuck shut"	Yes	Yes	Yes
Discharge	Watery, scant, stringy	Purulent, thick	Watery, scant, stringy
Discharge reappearing after wiping	No	Yes	No
Sensation	Burning, gritty	Unremitting discharge	Itchy
Prodromal symptoms	Sometimes	No	No
Conjunctival appearance	Diffuse injection; follicular or "bumpy"	Diffuse injection; nonfollicular	Diffuse injection; follicular or "bumpy"; conjunctival edema (chemosis)
Red flags that suggest another etiology: decreased visual acuity, photophobia, ciliary flush, foreign body sensation, corneal opacity/infiltrate, fixed/distorted pupil, trouble keeping eye open, & severe headache with nausea.			

Conjunctivitis			
Symptoms	Viral	Bacterial	Allergic
Distribution	Unilateral or bilateral	Unilateral or bilateral	Always bilateral
Duration	1-2 weeks	1-2 weeks	<30 minutes to perennial
Discharge	Watery/mucoid	Purulent	Watery
Associated findings	Viral prodrome	Unremitting ocular discharge	Ocular pruritus

Conjunctivitis treatment	
Bacterial conjunctivitis	<ul style="list-style-type: none"> Erythromycin ointment Polymyxin-trimethoprim drops Azithromycin drops Preferred agent in contact lens wearers: fluoroquinolone drops
Viral conjunctivitis	<ul style="list-style-type: none"> Warm or cold compresses ± Antihistamine/decongestant drops
Allergic conjunctivitis	<ul style="list-style-type: none"> Over-the-counter antihistamine/decongestant drops for intermittent symptoms Mast cell stabilizer/antihistamine drops for frequent episodes

Q.120 Protamine sulfate is used to reverse the effects of heparin. What type of antagonist is it?

- A. Pharmacological antagonist
- B. Mechanical antagonist
- C. Physiological antagonist
- D. Chemical antagonist

Correct Option: D. Chemical antagonist

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Explanation:

- Protamine sulfate is a **chemical antagonist** of heparin.
- It is **positively charged** and neutralizes **negatively charged heparin** by forming **inactive complexes**, not via receptor interaction.

Incorrect choices:

- **A. Pharmacological antagonist:** Acts at the same receptor; not the case here.
- **B. Mechanical antagonist:** Physically blocks the effect (e.g., charcoal); not relevant here.
- **C. Physiological antagonist:** Produces opposite effects via different pathways (e.g., insulin vs. glucagon); not applicable.

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Q.121 A patient presents with acute testicular pain that relieves when the testicle is elevated.
What is the most likely diagnosis?

- A. Epididymo-orchitis
- B. Testicular torsion

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- C. Hydrocele
- D. Varicocele

Correct Option: A. Epididymo-orchitis

Explanation:

- **Epididymo-orchitis** shows a **positive Prehn sign**: pain is **relieved by elevation** of the affected testis.

Incorrect choices:

- **B. Testicular torsion**: *Negative Prehn sign* – elevation **does not relieve** pain; surgical emergency.
- **C. Hydrocele**: Painless scrotal swelling; no acute pain.
- **D. Varicocele**: Chronic discomfort; not relieved by elevation and not acutely painful.

Q.122 Which of the following clinical features is most characteristic of neurogenic shock?

- A. Cold, clammy skin
- B. Decreased TPR
- C. Tachycardia with hypotension
- D. Hypertension with cold extremities

Correct Option: B. Decreased TPR

Explanation:

- **Neurogenic shock** is caused by **loss of sympathetic tone** (e.g., from spinal cord injury), leading to:
 - **Vasodilation** → ↓ **total peripheral resistance (TPR)**
 - **Hypotension**
 - **Bradycardia** (unlike other types of shock)

Incorrect choices:

- **A. Cold, clammy skin**: Typical of hypovolemic or cardiogenic shock, not neurogenic (skin often warm/flushed).
- **C. Tachycardia with hypotension**: Seen in most other shock types; neurogenic shock often has **bradycardia**.
- **D. Hypertension with cold extremities**: Inconsistent with neurogenic shock; seen in early stages of other shock types.

Q.123 A 40-year-old man presents with recurrent epigastric pain, multiple duodenal ulcers, and chronic diarrhea. He has no history of NSAID use or *H. pylori* infection. Endoscopy reveals ulcers beyond the first part of the duodenum. What is the most likely diagnosis?

- A. Peptic ulcer disease
- B. Zollinger-Ellison syndrome
- C. Crohn's disease
- D. Gastric carcinoma

Correct Option: B. Zollinger-Ellison syndrome

Explanation:

- **Zollinger-Ellison syndrome** (gastrinoma) is characterized by:
 - **Recurrent, therapy-resistant duodenal ulcers**, often **beyond the first part** of the duodenum
 - **Chronic diarrhea and steatorrhea**
 - No history of NSAID use or *H. pylori* infection



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- Caused by **gastrin-secreting tumors** leading to excessive gastric acid production

Incorrect choices:

- **A. Peptic ulcer disease:** Common, but usually confined to duodenal bulb; linked to *H. pylori* or NSAIDs.
- **C. Crohn's disease:** Can cause abdominal pain and diarrhea, but ulcers in GI tract are non-contiguous and not limited to duodenum.
- **D. Gastric carcinoma:** Typically causes weight loss, early satiety, not multiple distal duodenal ulcers with diarrhea.

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Q.124 A 25-year-old patient presents with chronic diarrhea, weight loss, and an intensely itchy, blistering rash on the extensor surfaces of elbows and knees. Biopsy of the rash shows granular IgA deposits in the dermal papillae. What is the most likely underlying diagnosis?

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- A. Atopic dermatitis
- B. Dermatitis herpetiformis
- C. Psoriasis
- D. Herpes simplex infection

Correct Option: B. Dermatitis herpetiformis

Explanation:

- **Dermatitis herpetiformis** presents with:
 - **Chronic diarrhea, weight loss** (due to associated **celiac disease**)
 - **Intensely pruritic, grouped vesicles on extensor surfaces** (elbows, knees, buttocks)
 - **Granular IgA deposits in the dermal papillae** on biopsy (gold standard for diagnosis)

Incorrect choices:

- **A. Atopic dermatitis:** Usually begins in childhood; not vesicular or IgA-mediated.
- **C. Psoriasis:** Presents with scaly plaques, not vesicles; no IgA deposits.
- **D. Herpes simplex infection:** Causes painful, grouped vesicles; no chronic diarrhea or IgA deposition.

Q.125 A 1-year-old child presents with a history of diarrhea. On examination, the child is alert, has dry mucous membranes, and the skin pinch goes back slowly. The child drinks water eagerly when offered. What is the appropriate management plan according to IMNCI guidelines?

- A. Plan A
- B. Plan B
- C. Plan C
- D. Reassurance

Correct Option: B. Plan B

Explanation:

- The child shows **some dehydration**: alert, drinks eagerly, dry mucosa, slow skin pinch return.
- According to **IMNCI guidelines**, this matches criteria for **Plan B**:
 - Treat with **oral rehydration solution (ORS)**: 75 mL/kg over 4 hours under supervision.

Incorrect choices:

- **A. Plan A:** For no signs of dehydration.
- **C. Plan C:** For **severe dehydration** (e.g., lethargic, sunken eyes, unable to drink).
- **D. Reassurance:** Not appropriate without rehydration therapy.

Q.126 What is the greatest risk factor for developing melanoma?

- A. Smoking
- B. Ultraviolet (UV) light exposure
- C. Chemotherapy
- D. Asbestos

Correct Option: B. Ultraviolet (UV) light exposure

Explanation:

- The **greatest risk factor** for developing **cutaneous melanoma** is **UV radiation exposure**, especially:
 - **Sunburns**
 - **Tanning bed use**



- Lack of photoprotection

Incorrect choices:

- **A. Smoking:** Major risk for many cancers (e.g., lung, bladder), **not melanoma**.
- **C. Chemotherapy:** May cause immunosuppression but is not a primary melanoma risk.
- **D. Asbestos:** Strongly linked to **mesothelioma**, not melanoma.

Q.127 A patient undergoing thyroidectomy suddenly develops a drop in end-tidal CO₂ (ETCO₂) to 20 mmHg and a concurrent drop in oxygen saturation. What is the most likely cause?

- A. Endotracheal tube (ETT) displacement
- B. Bronchospasm
- C. Pneumothorax
- D. Atelectasis

Correct Option: A. Endotracheal tube (ETT) displacement

Explanation:

- A **sudden drop in end-tidal CO₂ (ETCO₂)** and **oxygen saturation (SpO₂)** during surgery is most characteristic of **ETT displacement or obstruction**, leading to impaired ventilation and gas exchange.

Incorrect choices:

- **B. Bronchospasm:** Can cause hypoxia and ↑ airway pressure, but ETCO₂ usually rises or fluctuates due to air trapping.
- **C. Pneumothorax:** Can cause hypoxia and hypotension, but ETCO₂ drop is often slower unless tension develops.
- **D. Atelectasis:** Typically causes gradual hypoxia; does **not acutely reduce ETCO₂**.

Q.128 A physician takes proactive steps to promote a patient's well-being and provide treatment aimed at improving their health. Which ethical principle is most clearly demonstrated?

- A. Autonomy
- B. Justice
- C. Non-maleficence
- D. Beneficence

Correct Option: D. Beneficence

Explanation:

- **Beneficence** is the ethical principle that emphasizes a physician's duty to **act in the best interest of the patient**, by **promoting well-being**, preventing harm, and actively contributing to the patient's health.

Incorrect choices:

- **A. Autonomy:** Respecting the patient's right to make informed decisions about their care.
- **B. Justice:** Ensuring fairness in medical decisions and distribution of healthcare resources.
- **C. Non-maleficence:** Obligation to **avoid causing harm**, but without necessarily promoting good.

Disclaimer:

We sincerely apologize and acknowledge that we could not obtain the complete question stem. Based on the available information, the most appropriate choice has been selected to the best of our



judgment. This response should be interpreted with caution and does not substitute a definitive answer in the absence of the full context

Q.129 A patient presents to the emergency room with palpitations and sweating. On examination, the pulse is irregularly irregular and the heart rate is 130 bpm. What is the most likely diagnosis?

- A. Atrial fibrillation
- B. Supraventricular tachycardia (SVT)
- C. Ventricular tachycardia
- D. Sinus tachycardia

Correct Option: A. Atrial fibrillation

Explanation:

- The hallmark of **atrial fibrillation (Afib)** is an **irregularly irregular pulse** with **no consistent pattern** and often associated with **tachycardia**.
- Common symptoms include **palpitations, sweating, dyspnea, and fatigue**.

Incorrect choices:

- **B. Supraventricular tachycardia (SVT):** Typically has a **regular, rapid rhythm**, not irregularly irregular.
 - **C. Ventricular tachycardia:** Usually presents with **wide QRS complexes** and may be regular or slightly irregular.
 - **D. Sinus tachycardia:** Produces a **regular rhythm**, commonly due to physiological stress.
-

Q.130 A 4-year-old unvaccinated child presents with asymmetrical limb weakness and a limping gait. What is the most likely diagnosis?

- A. Guillain-Barré Syndrome (GBS)
- B. Transverse myelitis
- C. Poliomyelitis
- D. Muscular dystrophy

Correct Option: C. Poliomyelitis

Explanation:

- **Paralytic poliomyelitis** presents with:
 - **Asymmetric acute flaccid paralysis**
 - More commonly affects **proximal limb muscles** (especially the legs)
 - Associated with **muscle hypotonia, fasciculations, and diminished reflexes**
 - Classically seen in **unvaccinated children**

Incorrect choices:

- **A. Guillain-Barré Syndrome (GBS):** Typically causes **symmetric ascending paralysis** and areflexia.
 - **B. Transverse myelitis:** Usually leads to **bilateral motor and sensory loss** below a spinal level.
 - **D. Muscular dystrophy:** Causes **progressive symmetric weakness**, not acute or asymmetric, and usually has no sensory symptoms.
-



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Q.131 Lytic bone lesions are classically seen in which of the following conditions?

- A. Multiple Myeloma
- B. Prostate carcinoma
- C. Breast carcinoma
- D. Osteoblastic metastases

Correct Option: A. Multiple Myeloma

Explanation:

- **Multiple myeloma** is a classic cause of **osteolytic bone lesions** due to tumor-induced activation of osteoclasts and suppression of osteoblasts, leading to bone resorption.
- Lytic lesions appear as **punched-out radiolucencies** on imaging.

Incorrect choices:

- **B. Prostate carcinoma:** Typically causes **osteoblastic (sclerotic)** lesions, not lytic.
- **C. Breast carcinoma:** Causes **mixed lytic and blastic** bone metastases.

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- **D. Osteoblastic metastases:** Refers to **sclerotic lesions**, as seen in prostate or small cell lung cancer.
-

Q.132 A patient with a known history of Chronic Myeloid Leukemia (CML) has died. What is the most likely cause of death in patients with CML?

- A. Infection
- B. Blast crisis (progression to acute leukemia)
- C. Repeated blood transfusion complications
- D. Hemorrhage

Correct Option: B. Blast crisis (progression to acute leukemia)

Explanation:

- The **most common cause of death in Chronic Myeloid Leukemia (CML)** is transformation into **blast crisis**, the terminal phase of CML.
- In this stage, the disease rapidly evolves into **acute leukemia** (most often AML or ALL), resulting in:
 - **Bone marrow failure**
 - **Severe pancytopenia**
 - **Rapid clinical deterioration**

Incorrect choices:

- **A. Infection:** More typical in acute leukemias or immunocompromised states but not the leading cause of death in CML.
 - **C. Repeated blood transfusion complications:** Not a primary concern or major cause of death in CML.
 - **D. Hemorrhage:** Can occur, but is secondary to the blast crisis-related thrombocytopenia.
-

Q.133 An elderly patient with known prostate cancer presents with a chronic backache that worsens at night and does not improve with changes in posture. Vertebral metastasis is suspected. What is the investigation of choice?

- A. Plain X-ray of the spine
- B. MRI spine
- C. Bone scan (^{99m}Tc)
- D. CT spine

Correct Option: B. MRI spine

Explanation:

- **MRI of the spine** is the **first-line investigation** for suspected vertebral metastasis, especially in prostate cancer patients presenting with back pain.
- It is superior for detecting **tumor extension, spinal cord compression, and neurological involvement.**

Incorrect choices:

- **A. Plain X-ray of the spine:** May miss early lesions; useful only if extensive destruction or pathological fracture is suspected.
- **C. Bone scan (^{99m}Tc):** Excellent for screening **skeletal metastases**, but less detailed than MRI for **local spinal evaluation.**
- **D. CT spine:** Good for assessing **bone structure**, but inferior to MRI in detecting **soft tissue and spinal cord involvement.**



Q.134 A patient with a known case of prostate cancer presents for follow-up. On digital rectal examination (DRE), what is the most likely finding?

- A. Soft, enlarged, symmetrical prostate
- B. Smooth, tender prostate
- C. Firm, nodular, asymmetrical prostate
- D. Fluctuant, boggy prostate

Correct Option: C. Firm, nodular, asymmetrical prostate

Explanation:

- On **digital rectal examination (DRE)**, prostate cancer typically presents with a **firm, irregular, nodular**, and sometimes **asymmetrical** prostate.
- Nodules may feel hard and non-tender, and the median sulcus may be obliterated.
- These findings reflect tumor infiltration, most commonly in the **posterior lobe**.

Incorrect choices:

- **A. Soft, enlarged, symmetrical prostate:** Suggestive of **benign prostatic hyperplasia (BPH)**, not cancer.
- **B. Smooth, tender prostate:** Typical of **acute prostatitis**, not malignancy.
- **D. Fluctuant, boggy prostate:** Seen in **prostatic abscess or prostatitis**, not cancer.

Q.135 Which zone of the prostate is most commonly involved in prostate cancer?

- A. Central zone
- B. Transitional zone
- C. Peripheral zone
- D. Periurethral zone

Correct Option: C. Peripheral zone

Explanation:

- **Prostate cancer most commonly arises in the peripheral zone** of the prostate, which is the posterior and outermost region.
- This location is why **digital rectal examination (DRE)** is useful—it allows palpation of this zone where nodules or indurations may be detected.

Incorrect choices:

- **A. Central zone:** Rarely the site of carcinoma.
- **B. Transitional zone:** More commonly involved in **benign prostatic hyperplasia (BPH)**.
- **D. Periurethral zone:** Not a standard anatomical classification; overlaps with the transitional zone functionally.



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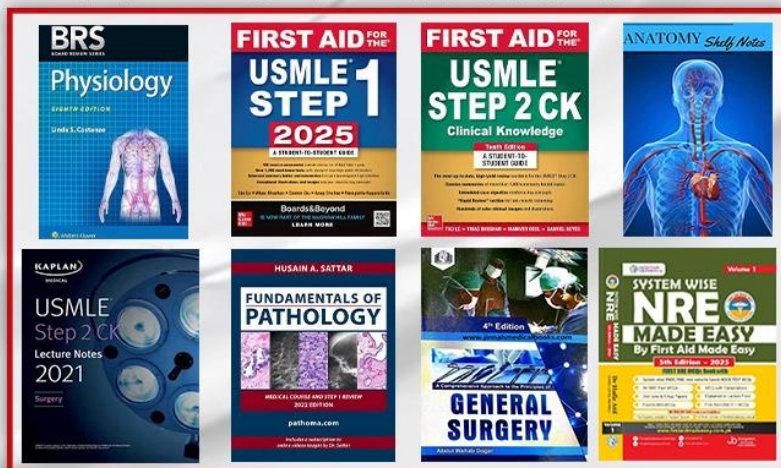
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Q.136 A 35-year-old patient presents with episodic headaches, palpitations, and profuse sweating. He also reports anxiety and tremors during these episodes. On examination, his blood pressure is 180/110 mmHg. Laboratory tests reveal elevated plasma metanephrines. What is the most likely diagnosis?

A. Essential hypertension

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- B. Hyperthyroidism
C. Pheochromocytoma
D. Panic disorder

Correct Option: C

Pheochromocytoma	
Indications for testing	<ul style="list-style-type: none">• Classic triad: episodic headache, sweating & tachycardia• Resistant HTN or HTN accompanied by unexplained ↑ glucose• Family history or familial syndrome (eg, MEN2, NF1, VHL)
Diagnostic approach	<ul style="list-style-type: none">• Urine or plasma metanephrine levels• Confirmatory abdominal imaging for ↑ metanephrines
Notable features	<ul style="list-style-type: none">• 10% bilateral, 10% extraadrenal, 10% malignant
Management	<ul style="list-style-type: none">• Preoperative alpha blockade prior to beta blockade• Laparoscopic or open surgical resection

Q.137 A patient is diagnosed with left bundle branch block (LBBB). Which of the following findings is most likely to be heard on cardiac auscultation?

- A. Reverse splitting of S2
B. Soft S1
C. Fixed splitting of S2
D. Loud P2

Correct Option: A. Reverse splitting of S2

Explanation:

- In left bundle branch block (LBBB), aortic valve closure (A2) is delayed, while pulmonic valve closure (P2) occurs normally.
- This results in **reverse (paradoxical) splitting** of the second heart sound (S2):
 - The **split disappears with inspiration** and is more evident during **expiration**—the opposite of normal physiology.

Incorrect choices:

- **B. Soft S1:** May occur in mitral stenosis or first-degree AV block, not specific to LBBB.
- **C. Fixed splitting of S2:** Seen in **atrial septal defect (ASD)**, not LBBB.
- **D. Loud P2:** Suggestive of **pulmonary hypertension**, not a feature of LBBB.

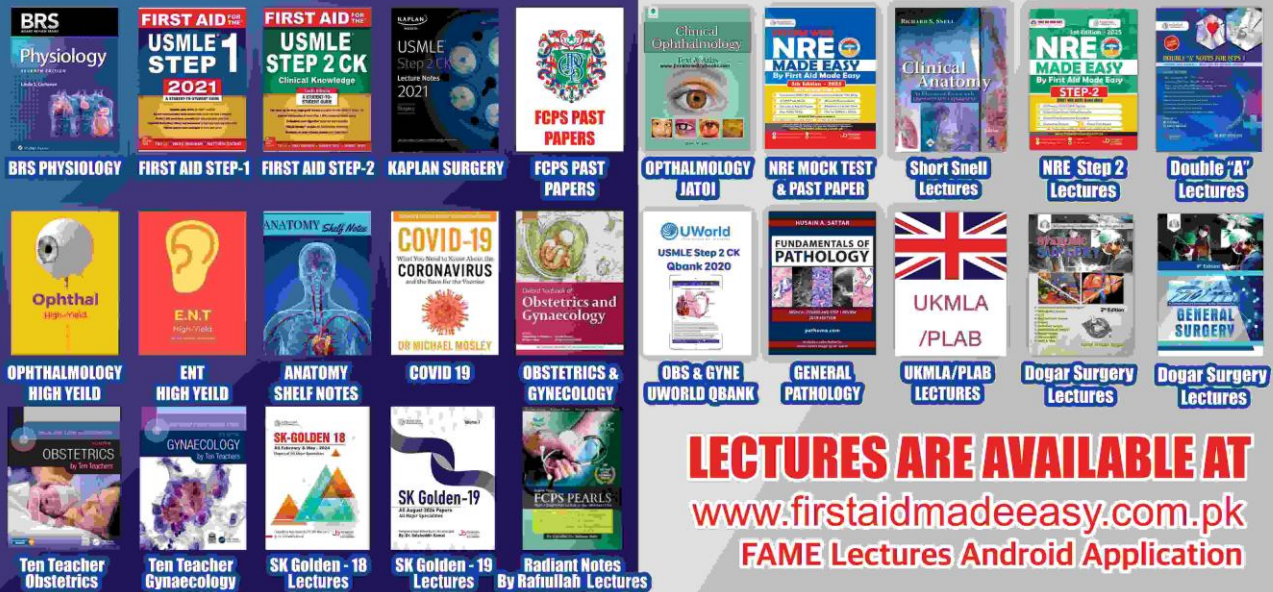


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Q.138 A mother brings her child to the OPD, concerned that he is the shortest in his class. On examination, the child has proportionate short stature, is neurologically normal, and has no other abnormalities. What is the most likely deficiency?

- A. Growth hormone
- B. Thyroxine
- C. Vitamin D
- D. Vitamin B12

Correct Option: A. Growth hormone

Explanation:

- In a child with **proportionate short stature**, **normal neurological function**, and **no dysmorphic features**, the most likely cause is **growth hormone (GH) deficiency**.
- GH deficiency results in:
 - **Growth retardation** during childhood
 - **Proportionate body dimensions**
 - Normal intelligence and development unless other pituitary hormones are involved

Incorrect choices:

- **B. Thyroxine:** Hypothyroidism may cause short stature, but typically with **developmental delay and weight gain**.
- **C. Vitamin D:** Deficiency causes **rickets**, leading to **disproportionate stature** with bone deformities.
- **D. Vitamin B12:** Associated with **neurological symptoms**, not isolated short stature.

Q.139 A patient presents with recurrent vomiting and signs of dehydration. Arterial blood gas shows metabolic alkalosis. Which electrolyte is most likely lost in this condition?

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- A. Bicarbonate
- B. Potassium
- C. Sodium
- D. Calcium

Correct Option: B. Potassium

Explanation:

- **Recurrent vomiting** leads to **loss of hydrogen (H^+), chloride (Cl^-), and potassium (K^+) ions.**
- This results in **contraction metabolic alkalosis** and **hypokalemia** due to:
 - Direct gastric K^+ loss
 - Secondary renal K^+ loss via aldosterone activation in response to hypovolemia

Incorrect choices:

- **A. Bicarbonate:** Levels increase in alkalosis; not lost.
- **C. Sodium:** May be affected with volume loss but not the key loss causing metabolic alkalosis.
- **D. Calcium:** Not significantly lost in this context.

Q.140 A woman with a normal menstrual cycle visits the doctor seeking contraception. She is prescribed combined oral contraceptive pills (OCPs). What is the primary mechanism by which OCPs prevent pregnancy?

- A. Endometrial atrophy
- B. Inhibition of ovulation
- C. Delayed implantation
- D. Destruction of fertilized ovum

Correct Option: B. Inhibition of ovulation

Explanation:

- **Combined oral contraceptive pills (COCPs)** prevent pregnancy **primarily by inhibiting ovulation.**
 - **Estrogen** suppresses GnRH \rightarrow \downarrow FSH \rightarrow prevents folliculogenesis.
 - **Progestin** suppresses LH surge \rightarrow **prevents ovulation.**

Incorrect choices:

- **A. Endometrial atrophy:** Secondary effect; reduces implantation potential but not the main mechanism.
- **C. Delayed implantation:** Also a secondary effect; not primary.
- **D. Destruction of fertilized ovum:** Not a mechanism of action.

Q.141 Anti-mitochondrial antibodies (AMAs) are most strongly associated with which of the following conditions?

- A. Autoimmune hepatitis
- B. Primary biliary cholangitis (cirrhosis)
- C. Primary sclerosing cholangitis
- D. Systemic lupus erythematosus (SLE)

Correct Option: B. Primary biliary cholangitis (cirrhosis)

Explanation:

- **Anti-mitochondrial antibodies (AMAs)** are highly specific for **primary biliary cholangitis (PBC)**, formerly known as primary biliary cirrhosis.



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- These autoantibodies target mitochondrial antigens in liver cells and are found in ~90–95% of PBC cases, making them a key diagnostic marker.

Incorrect choices:

- **A. Autoimmune hepatitis:** Typically associated with **anti-smooth muscle** or **anti-liver-kidney microsomal (LKM)** antibodies.
- **C. Primary sclerosing cholangitis:** Often associated with **p-ANCA**, not AMA.
- **D. Systemic lupus erythematosus (SLE):** Associated with **ANA**, **anti-dsDNA**, and **anti-Smith** antibodies.

Q.142 A 32-year-old man presents to the emergency department with multiple episodes of forceful vomiting followed by the sudden onset of hematemesis (vomiting blood). He has a history of heavy alcohol intake and reports upper abdominal discomfort. What is the most likely diagnosis?

- A. Esophageal varices
- B. Boerhaave syndrome
- C. Mallory-Weiss tear
- D. Gastric ulcer

Correct Option: C. Mallory-Weiss tear

Explanation:

- A **Mallory-Weiss tear** is a **mucosal laceration at the gastroesophageal junction** caused by **forceful vomiting**, leading to **upper GI bleeding** (hematemesis).
- It typically occurs in patients with a history of **alcohol use** and **preceding retching or vomiting**.
- Presents with **sudden hematemesis** following vomiting and possible **epigastric discomfort**.

Incorrect choices:

- **A. Esophageal varices:** More common in portal hypertension (e.g., cirrhosis); bleeding is typically massive but not preceded by vomiting.
- **B. Boerhaave syndrome:** Involves **esophageal rupture**, presenting with **severe chest pain**, **subcutaneous emphysema**, and shock.
- **D. Gastric ulcer:** Can cause GI bleeding but not classically triggered by vomiting and usually not acute hematemesis in this context.

Q.143 Which of the following is most used in the Emergency Room for a patient with acute pulmonary edema?

- A. Furosemide
- B. Mannitol
- C. Digoxin
- D. Spironolactone

Correct Option: A. Furosemide

Explanation:

- **Furosemide**, a **loop diuretic**, is the **first-line treatment** for **acute cardiogenic pulmonary edema** in the emergency setting.
- It reduces **pulmonary congestion** by promoting **rapid diuresis**, decreasing **preload**, and improving **oxygenation**.

Incorrect choices:

- **B. Mannitol:** An osmotic diuretic; not used in pulmonary edema and may worsen fluid overload.



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- **C. Digoxin:** Used for rate control in atrial fibrillation and chronic heart failure, not for acute pulmonary edema.
- **D. Spironolactone:** A potassium-sparing diuretic used in **chronic heart failure**; onset is too slow for acute management.

Q.144 Which one of the following types of angina is excluded when beta-blockers are administered to counteract the symptoms of ischemia?

- A. Stable angina
- B. Prinzmetal angina
- C. Unstable angina
- D. Chronic exertional angina

Correct Option: B. Prinzmetal angina

Explanation:

- **Prinzmetal angina (vasospastic angina)** is caused by **coronary artery spasms**, often at rest and particularly at night or early morning.
- **Beta-blockers are contraindicated** in this condition, especially **nonselective beta-blockers**, as they may worsen vasospasm by causing **unopposed alpha-adrenergic vasoconstriction**.
- First-line treatment includes **calcium channel blockers** and **nitrates**.

Incorrect choices:

- **A. Stable angina, C. Unstable angina, and D. Chronic exertional angina:** Beta-blockers are commonly used as first-line therapy to reduce myocardial oxygen demand and control symptoms.

Q.145 What is the antidote for benzodiazepine overdose?

- A. Flumazenil
- B. Naloxone
- C. Activated charcoal
- D. Cyproheptadine

Correct Option: A. Flumazenil.

Option

Explanation

- | | |
|------------------------------|--|
| A. Flumazenil | Correct: Specific antidote for benzodiazepine overdose. It works by antagonizing the GABA receptor. |
| B. Naloxone | Incorrect: Used for opioid overdose, not benzodiazepine overdose. |
| C. Activated charcoal | Incorrect: Not recommended for benzodiazepine overdose; generally used for other toxic ingestions. |
| D. Cyproheptadine | Incorrect: Antidote for serotonin syndrome, not benzodiazepine overdose. |

Q.146 A 70-year-old man presents with exertional chest pain and occasional dizziness. On cardiac auscultation, a harsh systolic murmur is heard best at the right second intercostal space. Which of the following features best correlates with the severity of aortic stenosis?

- A. Pulvus parvus et tardus
- B. Early Peaking systolic murmur
- C. Radiation to the axilla
- D. Timing in the cardiac cycle



Correct Answer: A. Pulvus parvus et tardus

Explanation:

- **Pulvus parvus et tardus** is the correct answer.
This term refers to a weak and delayed carotid pulse, which occurs in severe aortic stenosis. It is directly related to the severity of the condition because the narrowed valve restricts the blood flow, causing the pulse to be weak and delayed.

Physical exam findings that may suggest severe AS include:

- a late-peaking, crescendo-decrescendo systolic murmur best heard at the right upper sternal border and
- diminished and delayed pulses (pulsus parvus et tardus).
- A single soft S₂ during Inspiration

Why the incorrect choices are wrong:

B. Early Peaking systolic murmur – In aortic stenosis, the murmur typically peaks later in systole, not early. Early peaking would indicate less severe obstruction, not the characteristic of severe AS.

C. Radiation to the axilla – This is more commonly associated with mitral regurgitation, not aortic stenosis. In aortic stenosis, the murmur radiates to the neck or carotids, not the axilla.

D. Timing in the cardiac cycle – The timing of the murmur (systolic ejection murmur) is not the best indicator of severity. The presence of a delayed pulse (pulsus parvus et tardus) correlates better with the severity of the disease.

Q.147 An 18-year-old woman presents with sudden-onset right groin pain, nausea, and vomiting. She has no history of trauma. Exam shows right lower quadrant tenderness without rebound. Pregnancy test is negative. Pelvic Doppler ultrasound reveals an enlarged right ovary with reduced blood flow. What is the most likely diagnosis?

- A. Acute appendicitis
- B. Ovarian torsion
- C. Ruptured ovarian cyst
- D. Polycystic ovarian syndrome (PCOS)

Correct Answer: B. Ovarian torsion

B. Ovarian torsion is the correct answer.

Ovarian torsion occurs when the ovary twists, cutting off its blood supply. This presents with sudden, severe, unilateral lower abdominal pain (often in the groin), nausea, and vomiting. The findings on pelvic Doppler ultrasound of an enlarged ovary with reduced blood flow support the diagnosis of ovarian torsion.

Why the incorrect choices are wrong:

A. Acute appendicitis – Acute appendicitis usually presents with right lower quadrant pain that progresses over time, often with rebound tenderness and guarding, and typically does not cause an enlarged ovary or abnormal Doppler flow.

C. Ruptured ovarian cyst – While a ruptured ovarian cyst can cause sudden pain, it does not typically present with reduced blood flow on Doppler ultrasound. The pain is often more diffuse and not localized as specifically as with ovarian torsion.

D. Polycystic ovarian syndrome (PCOS) – PCOS is a chronic condition that presents with symptoms like irregular periods, infertility, and hirsutism, and does not typically cause acute pain or abnormal findings on pelvic ultrasound, particularly the sudden onset and reduced blood flow.



Q.148 A patient presents with a painless mass in the leg, diagnosed as sarcoma. Which type of sarcoma is most likely and typically does not metastasize early?

- A. Osteosarcoma
- B. Ewing sarcoma
- C. Liposarcoma
- D. Synovial sarcoma

Answer: C

C. Liposarcoma is the correct answer.

Liposarcoma is a malignant tumor of fatty tissue and is one of the most common soft tissue sarcomas. It typically presents as a painless mass in the leg or other soft tissues. Liposarcomas are known for their slow growth and often do not metastasize early, making them distinct from other sarcomas.

Why the incorrect choices are wrong:

A. Osteosarcoma – Osteosarcoma is a highly aggressive bone tumor that often presents with pain and can metastasize early, particularly to the lungs.

B. Ewing sarcoma – Ewing sarcoma is a highly malignant tumor, commonly seen in children and adolescents, and can metastasize early, often to the lungs or bones.

D. Synovial sarcoma – Synovial sarcoma typically presents as a painless mass but is known to metastasize early, especially to the lungs and regional lymph nodes.

Q.149 A 35-year-old woman comes to the clinic with her two children (aged 10 and 8 years) wishes to conceive again. Her menstrual cycles are regular. As a physician, what would you advise her regarding the best time to try for conception?

- A. On the first day of menstruation
- B. One week after menstruation
- C. Mid-cycle, during ovulation window
- D. One week before menstruation

Correct Answer: C. Mid-cycle, during ovulation window

C. Mid-cycle, during ovulation window is the correct answer.

The best time to try for conception is during the **ovulation window**, which typically occurs around the middle of the menstrual cycle. This is when the ovary releases an egg (ovulation), which is most fertile and can be fertilized by sperm. In a regular cycle, ovulation usually happens 14 days before the start of the next period, so aiming for mid-cycle is the optimal time for conception.

Why the incorrect choices are wrong:

A. On the first day of menstruation – Menstruation marks the start of a new cycle, and the egg is not available for fertilization at this point. It's too early to conceive.

B. One week after menstruation – This period is close to the ovulation window for some women, but it's not the most precise timing. It might work for some, but aiming for the mid-cycle window is more reliable.

D. One week before menstruation – By this time, ovulation has already occurred, and the egg has typically been absorbed or passed. Conception is unlikely during this period.



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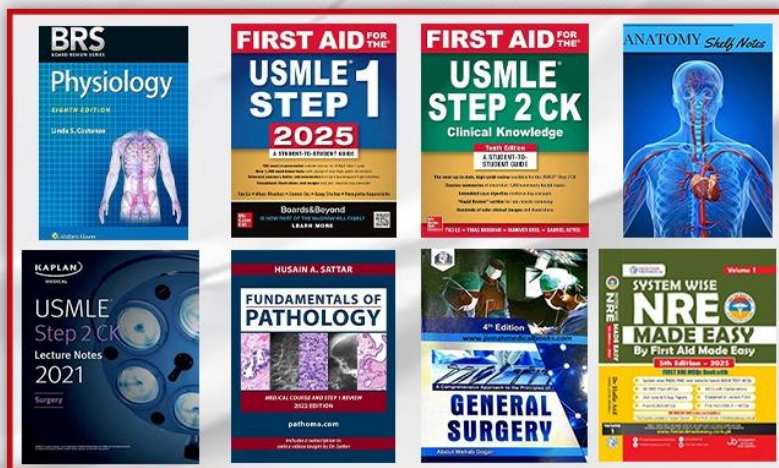
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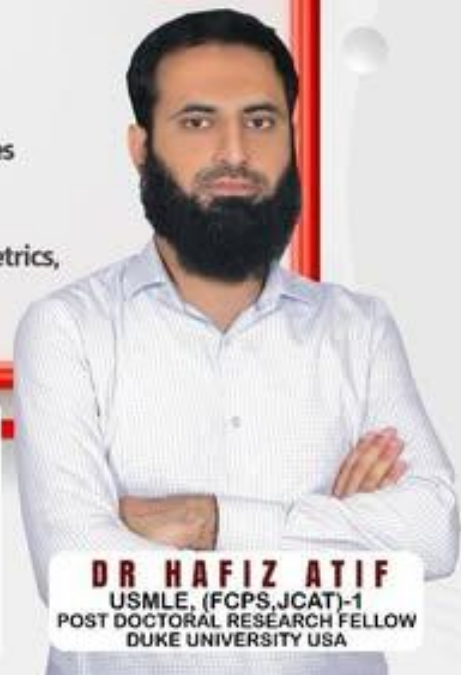
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